CODEPENDENCY AND COPING STRATEGIES IN THE SPOUSES OF SUBSTANCE ABUSERS

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Dedicated
To My Respected
Teachers, Family
& Friends

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LIST OF ABBREVIATIONS

AFM	Affected Family Member
AHTO	Alcohols Harms To Others
AOR	Adjusted Odds Ratio
AS	Spouses of Alcohol dependent individuals
AUDs	Alcohol Use Disorders
CSO	Concerned family members and Significant Others
CQ	Coping Questionnaire
GHQ 12	General Health Questionnaire 12
IPV	Intimate Partner Violence
IQR	Inter Quartile Range
OS	Spouses of opioid dependent individuals
PP-SUPS	Partners of People with Substance Use Problems
QOL	Quality Of Life
SD	Standard Deviation
SFCS	Spann Fischer Codependency Scale
SUI	Substance Use Individual

ABSTRACT

INTRODUCTION*:* Addiction affects not only the person himself but the entire family where the family members knowingly or unknowingly nurture, protect and support the addict. As it is in the human nature to help others but sometimes this behavior works as a double edged sword and will make it easier for the addict to continue the downward spiral of the addiction. One of the crucial step in creating a healthy environment for the addict and their family members is to identify these behaviors.. In order to prevent these codependent behaviors the family members must learn to avoid such codependent behaviors. The presence of a substance addict in the family is an extremely difficult experience which affects the social, economic, physical and psychological condition of the entire family. Coping strategies refer to the attempts that people employ to tolerate and reduce the stressful situations or events*.*

OBJECTIVE: To study the codependency and evaluate various coping strategies employed by the spouses of substance abusers and assess the severity of addiction among the substance users.

MATERIALS AND METHODS*:* The study was conducted on spouses of (N=100) patients with 50 opioid and 50 alcohol dependence syndrome presenting to DMC&H and psychiatric evaluation was done using Spann Fischer Codependency Scale, Coping Questionnaire and Performa for Severity of Addiction.

RESULTS: All the spouses in our study were females. All the spouses showed codependency out of which 60% of the spouses showed higher codependency. Spouses used engaged, tolerant and withdrawal strategies as their coping mechanism. Though no significant difference was found between coping strategies used by the spouses of opioid and alcohol dependent individuals. It was associated significantly with socio-economic status, age of the patient, duration of substance dependence and type of substance abuse.

CONCLUSION: Our study showed that the spouses of substance dependent individuals showed codependency and in order to deal with the menace of addiction they use various coping strategies such as engaged , withdrawal and tolerant coping . Caregivers need to get the knowledge about what they are getting into when they are looking after the patients with dependence syndrome.

KEYWORDS: Spouse, Coping strategies, Codependency, Spann Fischer, Substance abusers

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INTRODUCTION

Addiction affects not only the addicted person but the entire family where the family members knowingly or unknowingly nurture, protect and support the substance abuser. For it is an attribute of human nature to help others but sometimes this behavior might work as a double edged sword and may make it easier and simpler for the substance abuser to continue the downward spiral of continuing the substance abuse. Because of substance addiction, no matter how much they are messed up, one of the family members will always be there to rescue and nurture their behavior. If oneself gets engaged in such behavior we indirectly hamper their path of recovery. This kind of help seems meaningless and in order to prevent these codependent behaviors the family members must learn to identify and avoid such behaviors. These Codependent behaviors allow the substance abuser to avoid the consequence of their action. Perhaps the family members often might act as the parents because one of them knowingly or unknowingly carries out the role of being an enabler. Early identification of such behaviors and creating a healthy surrounding for them and their loved ones forms the crucial step. Studies reveal that the spouses of the substance abusers at some point or other during the relationship indulge themselves into drinking or abused drugs and made excuses to cover up for the addict. In the addicted family system, the addicted person becomes the central finger around which the family members organize their actions and behaviors. Codependency is a term used synonymously with the substance abuser for fostering their needs. Addiction affects each of the family member in one way or the other. In an addictive family system, the disease becomes the sorting principle. The addicted person tends to seek help from their family members in order to fulfill their need of addiction where the caregiver unknowingly acts as an enabler. When you love someone who is into substance addiction, it creates a penetrating emotional pain and agony that compels one to help. Their behavior begins knowingly or unknowingly as a well intentioned need to help, but in later stages of

addiction they end up acting out of distress. The other family members often tend to over function and the substance abuser tend to underfunction, thus skewing the family dynamics. Resentfulness is formed on each side uplifting the expectations of drug user that the loved one who already overfunctions will continue to support, protect, nurture and still make things right even when one doesn't meet their responsibilities. Stopping such behavior isn't easy. It requires great amount of faith and courage to weigh down the sequel and to work against their behavior creating anguish on both sides. The pressure for codependents can be intense, specifically those coming from angry addicts who generally influence the family members to get their unsaid and self understood needs met. Often substance abusers aren't aware of their actions when they are under the effect of substance. The family members often experience anger, fear, guilt, grief and isolation due to the presence of an substance abuser in the family.[1,2]

When loved ones develop the wisdom and therefore the courage to prevent the codependent behavior for addicts, changes start to happen. The spouses who had poor social support, less coping resources and had less impairment in employment had increased chances of developing codependence.[3] The non substance abusing family members often experience family dysfunction.[4] Codependents usually sacrifice themselves to accommodate for other's needs, solve other's problems and assume more than their share of responsibility at handling chores and relationships . Learning to be decisive and setting boundaries are often the initial steps in stopping codependent behaviors.

Codependent individual often is unable to foresee the natural consequences their behavior towards the substance dependent individual. Codependents often feel compelled to solve other people's problems. Their behavior starts as a well intentioned desire to help but in later stages of substance abusing they act out of disheartenment. Examples of codependent behavior would include giving money to an

addict, repairing property that they broke under the effect of the substance, lying to other people in order cover up for their addictions, fulfilling the addict's commitments to others or making excuses for them.

Having a family member with substance use problems affects the entire family dynamics, which may lead to increased medical problems and increased health care utilization and expenses in the family members.[5] The spouses often find it difficult to express their feelings, forming or maintaining close relationships and find it difficult to adjust with the change. They constantly find it difficult to make decisions and may feel sense of shame and decreased self confidence over perceived failure's in one's life. Codependency is helping a person achieve their needs which they could not achieve by themselves i.e. they become dependent. In addition children in the family would have a poor role model by seeing the patient's behavior. They often feel unable to know what normal behavior is, always seek exaggerated need for the approval of others, feel confused about making decisions, may lie and exaggerate when it would be easy to tell the truth. This may finally lend them into obsession, subdued feelings, lack of trust, poor communication low self worth.[5]

When one member of the family abuses substance, it causes dysregulation and loss of harmony within the family and thus, every member suffers.[6] Codependency is a psychosocial condition characterized by preoccupation and extreme dependence – emotionally, socially and sometimes physically. Enabling is basically disabling. A codependent person is one who has let another person's behavior affect him or her and is enthusiastic to controlling that person's behavior sacrificing his / her own interest or feelings. It's vital for oneself to start to calm one's sense of autonomy and take steps wherever required to not allow the addict's drug use to place the caregivers into perilousness.[7]

Psychological distress and psychiatric morbidity in spouses of

substance abusers are high, with marital satisfaction being low, more than fifty percent of the caregivers feel stressed.[8]

The codependent behaviors seem to unravel the issues of substance dependence in order that the addict is under lesser stress thereby decreasing their motive to abuse. Though their intensions are good but they find themselves being destructive. Engaged coping is a sort of coping during which the spouses of substance abusers gets vigorously engaged with their husband through active intervention. They tend to use various emotional, helping and controlling behaviors to vary his addiction habit. Coping behavior or enabling behavior described among spouses of substance abusers include refraining, coddling and fearful withdrawal. Many a times, in initial few years they begin with tolerant styles, in a hope to get things better but ultimately their efforts goes in vain as they unknowingly hinder the pathway of recovery for the substance abuser.[9]

AIMS AND OBJECTIVES

1. To study codependency among the spouses of substance abusers.
2. To study coping strategies in the spouses of substance abusers.

REVIEW OF LITERATURE

Dependence syndrome is defined as a cluster of physiological, behavioral and cognitive phenomenon in which the use of a substance or a class of the substances takes on a much higher priority for a given individual than other behaviors that once had greater value.[10]

Demers et al.,[11] conducted a study on problems faced and coping strategies used by the wives of alcoholic clients suggesting that nearly 70% wives felt anxious owing to the drinking problem, 50% wives felt frustrated and half amongst them displaced their frustration on their children, 7% of the wives reported that they have often ignored their own physical health while 10% of them reported sleep disturbances. The rating of tolerant coping revealed only 3% of them gave money to their alcoholic partners, only 13% of them considered the problem of alcoholism as a part of life that could not be changed and only 6% made excuses for their partner. The association of wives' substance abuse with their husband's is mediated by social conditions such as working and child-rearing roles, age, marital happiness and socioeconomic levels.

Vaishnavi et al.,[12] studied 42 alcoholic clients and their partners suggesting that in majority of both clients and their partner, the partners took over chores or duties from the alcoholic client and lied or made excuses to others to cover for the addict and often felt more burdened.

According to a Survey by Green et al.,[13] 19.5 million people reported that they saw no need to seek help and only 2.5 million received treatment for their substance abuse problem. It was found that the enablers ignore the addict's negative or potentially dangerous behavior, blame people or situations other than the addict, act out of fear, prioritize the addict's needs before their own, find it difficult to express their emotions, resenting the addict and lying to others to cover up the addict's behavior. The relationship issues were important antecedents to the substance taking behavior. Partners reported

frequent use of active and passive strategies for coping with their spouses substance abuse.

Lindley et al.,[14] revealed that codependent behavior was negatively related to self-confidence and positively related to succorance. It was found that low self-confidence was the strongest predictor of codependency.

Okazaki et al.,[15] conducted a study to help loved ones heal from addiction revealing that the codependents are at high risk for both physical and mental illnesses. Their stress may cause diseases in the families similar to those having addiction experiences.

Ashler et al.,[16] reported a study on the wives of alcoholics and agreed that codependency involves caretaking behavior and exists by the virtue of their association with an alcoholic, they disagreed widely about its impact on oneself, its locus as social or personal, its disease status, its perpetuity and whether or not it's distinctive to alcohol complicated marriages.[16]

Grubisic-llic et al.,[17] evaluated personality dimensions of the wives of alcoholics in comparison to wives of non-alcoholics revealed that the wives of alcoholics were less extraverted than the wives of non-alcoholics. The wives of alcoholics were psychiatrically treated more often during their marriage.

Fuller et al.,[18] studied predictors of codependency indicating that spouses had higher codependency scores than men. Positive history of chronic family stress (with an alcoholic, unsound or physically ill parent) had significantly higher codependency scores.

O’Brien et al.,[19] examined that personality and situational factors play in three sorts of coping responses i.e. problem, emotion and relationship focus. Coping responses were strongly associated with whether things involved a primarily agentic or communal stressor.

Carson et al.,[20] studied psychological correlates and revealed codependency as a useful construct which involves a cluster of difficulties in interpersonal relationships, reality testing and introjective depression. An association was demonstrated between codependency and parenteral alcoholism or history of childhood abuse or both.

Miller et al.,[21] evaluated the field understanding of the alcoholic/spouse relationship and its ability to help the spouse are limited unless other conceptualizations are seriously considered.

Joolaee et al.,[22] conducted study on twenty four spouses of addicted men showed that the women's difficulties were related to their approach to the treatment or their husband's response to the treatment, financial constraints, emotional and informational requirements. In addition to the addicted person it's vitally important that the health of the relationships of drug addicts should be taken into account and for whom supportive services are to be provided.

Hands et al.,[23] gave a critical review on codependency which undoubtedly revealed its positive influence on family treatment and support benefiting many people within the self help arena.

Knapek et al.,[24] worked on defining the explanatory models stating that codependency is often placed on the continuum of severity psychopathology, also on the extent of mental disorder, behavioral addiction and excessive feminine behavior. The etiology is multifactorial and involves biological, psychological and social elements.

Panaghi et al.,[25] stated that not all addict's wives experience codependency, women with a high level of neuroticism and low level of openness and agreeableness were more vulnerable to the stress of living with a lover and to codependency.

Bortolon et al.,[26] determined that a high level of codependency imposed a big burden on the physical and emotional well - being of the

affected, leading to poor health, reactivity, self-neglect and additional responsibilities. It was concluded that codependency features a negative impact on the family system and on the health of the relations of drug users.

Vederhus et al.,[27] studied relations of individuals with addictions and found that the psychological characteristics of suppressing emotions, believing they might fix others' problems and neglecting their own for others' needs, they also had more family dysfunction and poorer quality of life.

Church et al.,[28] studied coping strategies and accommodated to the relative's behavior, financially adapting to their means, self - harm, attempting to reason with the drinking relative, covert intervening, and avoiding fights and arguments. There was a general reluctance to hunt support and therefore the type and quality of support that was available was also limited. Support from close relatives or from neighbors was primarily providing a "listening ear" or support. Religious and spiritual pursuits were commonly used to seek solace, and to manage negative thoughts and feelings.

Rane et al.,[29] studied the common factor of all the interventions including providing information regarding addiction, teaching coping skills, and providing support. Though preliminary these small studies suggested a positive effect on affected relations (AFM), there was lowering of psychological and physical distress alongside a far better understanding of addictive behavior. The interventions led to raised coping; with improvements in self-esteem and assertive behavior. The interventions, mostly delivered in group settings were largely acceptable.

Orford et al.,[30] summarized that the structure of coping can best be defined in terms of three broad coping methods: tolerating, engaging and withdrawing. These conclusions challenge some previous assumptions about functional and dysfunctional ways of dealing with

excessive appetitive behavior within the family.

Velleman et al.,[31] studied spouses of men with alcohol problems and spouses of men with other drug problems, reported particularly higher levels of both engaged and tolerant - inactive coping.

Green et al.,[32] reported partners with moderate levels of relationship distress, the wives claimed that relationship issues were important antecedents to their alcohol consumption. Male partners reported frequent use of active and passive strategies for coping with their wives drinking.

Horvath et al.,[33] gave bifactor model and fitted the information most closely related to the one and three-factor models. High rates of common variance (60-65%) were due to the general coping factor, while a high proportion of the variance was related to the withdrawal coping subscale score and was independent (66-89%) of the general coping factor. Family members' country, age, gender, the type of relationship and the main problematic substance had significant effects on the coping factors.

Benishek et al.,[34] surveyed Concerned family members and Significant Others (CSOs) of Substance Use Individual (SUIs) to evaluate the prevalence and frequency of their problems and explore whether the relationship to the SUI, gender of the CSO, or living arrangements afflicted problem prevalence and frequency. Non-substance - using CSOs (n=110) completed the various other survey, which asks about problems in seven domains (emotional; family; relationship; financial; health; violence; legal). Problem outcomes were differentiated based on the CSO's relationship to the SUI (partner or spouse vs. parent), gender of the CSO (male vs. female), and living arrangements of the CSO and therefore the SUI (residing together vs residing apart). It was seen that the problems were prevalent with at least two-thirds of the participants endorsing one or more problems in all but the legal domain. Problems tended to be greater for CSOs who

were partners, females, or the ones living with the SUI. The CSOs experienced frequent problems in a wide range of life domains and the types of difficulties they experience appear to differ based on the type of relationship, gender, and their living arrangement relative to the SUI.

Birkeland et al.,[35] found lower (Quality of Life) QoL in partners of people who had substance use problems (PP-SUPs) as compared to general population with substance use by the person with a Substance Use Problem (SUP) having the maximum impact on QoL of all evaluated factors. Two studies reported that gender was related to QoL, with poor QoL being related to being a male partner and the other way around for female partners.

Casswel et al.,[36] investigated relationship between exposure to heavy drinkers in respondent's lives with measures of health status and well-being as an index of exposure to heavy drinkers, reflecting numbers of heavy drinkers and cohabitation, predicted lower health status and personal wellbeing while controlling the demographic variables and respondent's own drinking and data from a general population sample suggested that there was a relationship between exposure to heavy drinkers and reduced personal well-being and poorer health status. Exposure to heavy drinkers might have negative impact for others.[36]

Quigg et al.,[37] explored the nature and magnitude of Alcohol's Harms To Others (AHTOs), and associations with mental well-being. During the past 1 year, 43.5% of respondents experienced at least one direct harm (45.5% at least one direct harm/linked outcome). In demographically adjusted analyses, the odds of experiencing any direct harm decreased sequentially as age group increased (Adjusted Odds Ratio [AORs]: 1.9 [age 65-74 years] - 4.2 [age 18-34 years]), and was higher amongst binge drinkers (AOR, 1.5, $p < 0.05$). Associations between age group and abusers suffering the direct harms included - anxiety, disrupted sleep, feeling threatened, property damage and emotional neglect. Experience of feeling threatened was lower amongst females (AOR 0.6, $p < 0.05$). In demographically

adjusted analysis, low mental well-being was higher amongst those who had suffered alcohol-related financial issues (AOR 2.2, $p < 0.001$), emotional neglect (AOR 2.3, $p < 0.01$) and property damage (AOR 2.2, $p < 0.05$). It was seen that AHTOs placed a large, although unequal burden on adults in Wales. Individuals' drinking patterns were associated with experience of AHTOs. Critically, experience of some harms were associated with low mental well-being.

Anda et al.,[38] worked on the number of adverse experiences having graded relationship to alcoholism and depression in adulthood which were independent of parental alcohol abuse. The prevalence of alcoholism was much higher among individuals who reported parental alcohol abuse, no matter how many adverse experiences they reported. The association between parental alcohol abuse and depression had implications and was a higher risk amongst those who had adverse childhood experiences in alcoholic families. It was concluded that children in alcoholic households were more likely to have adverse experiences. The risk of alcoholism and depression in adulthood increased as the number of reported adverse experiences increased regardless of parental alcohol abuse. Depression among adult children of alcoholics appeared to be largely, if not solely, due to the greater likelihood of having had adverse childhood experiences in a home with alcohol-abusing parents.

Dawson et al.,[39] examined the association between partner alcohol problems and selected physical and mental health outcomes among married or cohabiting women before and after adjusting for potential confounders and to compare these associations with those reflecting the impact of the women's own alcohol-use disorders (AUDs). It was seen that the women whose partners had alcohol problems were more likely to experience victimization, injury, mood disorders, anxiety disorders, and being in fair or poor health than women whose partners did not have alcohol problems. They also experienced more life stressors and had lower mental / psychological quality-of-life scores.

All but one of these differences remained significant after adjusting for potential confounders which included the significantly greater rates of substance use and AUDs among women whose partners had alcohol problems. Thus partner alcohol problems posed diverse health threats for women that go beyond their well-documented association with domestic violence and included mood, anxiety, stress, general health, and quality - of - life problems which needed to be addressed, counseled and treated.

Shyangwa et al.,[40] found both objective and subjective family burden as perceived by the spouses of substance dependent individuals. The relationship between burden perceived by the spouses and socio - demographic variables including duration of substance abuse was found to have no correlation. Hence it was found that the substance dependent individual caused considerable magnitude of distress to their care providers.

Kishor et al.,[41] stated that the psychological distress and psychiatric morbidity in spouses of alcohol dependent men was higher, with marital satisfaction being low . More than fifty percent of the spouses (65%) had a psychiatric disorder which primarily included mood and anxiety disorder. Major depressive disorder was present in 43% of the spouses. Psychiatric morbidity, marital dissatisfaction in spouses and higher adverse consequences were seen in alcohol dependent families and had significant correlation with each other and their association was robust particularly when problems in the physical, interpersonal and intrapersonal domains were high.

Senthil et al.,[42] revealed that unhealthy interaction pattern and high level of codependency were found in the spouses of alcohol dependent individual than spouses of normal individuals. A family developing codependent relationships may be in need of counseling and / or treatment sometimes equal to the needs of the dependent family member.

Orford et al.,[43] studied the frequency of using the coping behavior by wives of alcoholics was found to be related to their husband's drinking pattern and outcome. High frequency of coping behavior was associated with a poorer outcome, but some components of coping behavior were implicated with a poorer prognosis.

Schaffer et al.,[44] used the 'Coping With Drinking' questionnaire and revealed nine identifiable styles of coping. Multiple regression analyses between three measures of sobriety and each of the nine styles of coping factors provide support for the general hypothesis that the coping styles used by wives of alcoholics are related to drinking outcome. Further, those modes of coping in which the wife communicated her feelings of distress and frustration to the drinking husband in a way which is minimally threatening for him seem to be most positively related to his attainment of sobriety.

NK Singh et al.,[45] studied 30 spouses of men diagnosed with alcohol dependence syndrome and 30 spouses of men with no psychiatric illness and / or alcohol dependence syndrome or any other substance dependence. A poorer pattern of family interaction was found in the domains of ‘reinforcement’, ‘social support’, ‘role’, ‘communication’, ‘leadership’, and poorer pattern on total scores in spouses of patients with alcohol dependence compared to spouses of people with no alcohol dependence.

Alcoholism is one of the major health and social problems all over the world. The study on Global burden of disease identified its use as one of the global risk factors, accounting for 1.5% of all deaths in the world and 3.5% of disability adjusted life years and 4.0% of the global burden of disease. Stress among the spouses of alcoholics, the level of coping among the spouses of alcoholics, the association between level of stress among spouses of alcoholics and their selected personal variables were assessed. The Moderate level of stress was found to be 100% in the spouses of alcoholics whereas none of the spouses had mild stress or severe stress. Assessment of the overall levels of coping

showed highest percentage 98.33% of the spouses of alcoholics were able to cope to some extent and 1% were able to cope effectively, 0% were not able to cope and had poor level of coping. The mean stress scores of wives of alcoholics were 27.38. The mean of overall coping scores of wives of alcoholics was 101.88. The findings of their study pointed significant relationship in the stress variables like age, and in the coping strategy of family. Hence the study concluded that stress in wives of alcoholics had many consequences and the remedial action was not effectively taken. There was thus a need to provide information regarding stress management and high degree of empathetic understanding is needed to help the wives of alcoholics in better coping which was shown by study done by Chakravarthy et al.[46]

Ohannessian et al.,[47] examined the effect that, perceived social support had on the relationship between having a family history of alcoholism and alcohol use in a sample of 85 adult children of alcoholics and a control group . Social support from both peers and from family members were assessed for their potential differential effects. Gender differences were also examined. Overall, perceived social support from peers significantly moderated the relationship between family history of alcoholism and several indicators of alcohol use. In contrast, perceived social support from family members did not moderate any of the relationships examined. These findings emphasized the importance of contemplating different sources of social support when using social support as a moderating variable and the need to examine the underlying processes and variables involved in the relationship between having a family history of alcoholism and alcohol use.

Sekhii et al.,[48] assessed the domestic violence in the alcoholic families. 63.5% of the spouses had injuries pertaining to physical violence by their husband and it was found that after husband attained sobriety the levels of domestic violence were reduced markedly.[48]

Finney et al.,[49] analyzed post hospitalization experiences and 6

indices of outcome of treatment for 113 patients from 5 residential treatment programs. Analyzing the data from follow-ups at 6 months and 2 years after treatment showed that Drinking and other outcome measures (e.g., Family Life Questionnaire and Work and Family Environment Scales) moderately interrelated in cross-sectional and longitudinal analyses. Outcome at the group level was better 6 months after treatment than it was 18 months later; considerable fluctuation was seen in the outcome status of individual patients between the 2 follow-ups. The Post treatment factors accounted for increments in outcome variation that were almost equals to the portions of variance "explained" by background characteristics and intake functioning alone.

Hagihara et al.,[50] verified social support as having both positive and negative effects on the work stress – alcohol relationship. The interactions existed between the physical activity and lack of decision making. Also among the psychological occupation demand and child support which was related to decreased alcohol consumption. However, increased alcohol consumption was linked to interactions between spouse support and decision latitude, between informal social association and psychological occupation demand. The study suggested that social support was not of universal benefit in reducing excessive drinking in the family with alcohol dependent individual and may at times be a reinforcing factor.

Mohan et al.,[51] studied the presence of a proportion of alcohol-dependent individuals, the low mean age at initiation of drinking, and the drinking habit in the public places and workplaces continue to remain the main areas to be emphasized for the successful implementation of intervention methods. The intervention methods should include preventive strategies and screening methods to screen different patterns of individuals consuming alcohol and treatment intervention for them. The preventive strategies should include reduction of access to alcohol by formulating and enforcing laws

regarding alcohol consumption.

Cunradi et al.,[52] analyzed gender and ethnic / racial differences in the prevalence of alcohol-related problems among white, black and Hispanic couples in the United States, and assessed their contribution to the risk of intimate partner violence (IPV). Alcohol-related problems are important predictors of intimate partner violence, and the exact association between problems and violence seems to be ethnic-specific. Alcohol-related problems should be given precedence over the level of alcohol consumption which may be the more relevant factor that should be taken into consideration in the alcohol-partner violence association. Future studies are needed to explore the temporal relationships between the origin of alcohol-related problems and the occurrence of partner violence.

MATERIALS AND METHODS

SOURCE OF DATA:

The study was conducted on spouses of patients with substance abusers presenting to DMC&H, Ludhiana.

METHOD OF COLLECTION OF DATA

SAMPLE COLLECTION: The study included spouses of total 100 patients in age group of 18-60 years, 50 patients of alcohol dependence and 50 patients of opioid dependence presenting to the Department of Psychiatry in DMC&H Ludhiana.

INCLUSION CRITERIA:

1. The spouses of patients with a diagnosis of opioid and alcohol dependence syndrome according to ICD-10 criteria presenting to DMC&H, Ludhiana.
2. Age group between 18 years to 60 years.
3. Spouses of patients who consented for the study.

EXCLUSION CRITERIA:

1. Any other major physical or psychiatric disorder in subjects on AXIS I.
2. Spouses of patients who didn't consent for the study.
3. Age below 18 years and above 60 years.

METHODOLOGY:

The study was conducted on spouses of (N=100) patients with 50 cases of opioid dependence and 50 cases of alcohol dependence syndrome presenting to DMC&H. Socio-demographic Proforma was filled containing the basic information about the spouse, Codependency amongst spouses of substance users was assessed using Spann Fischer Codependency Scale, Coping strategies employed by spouses of substance users was assessed using Coping Questionnaire and Severity of addiction amongst substance users was assessed using Performa for Severity of Addiction.

TOOLS:

1. SOCIO-DEMOGRAPHIC PROFORMA
2. SPANN-FISCHER CODEPENDENCY SCALE[25]
3. COPING QUESTIONNAIRE[6]
4. ADDICTION SEVERITY INDEX PROFORMA[3]

1) SOCIO-DEMOGRAPHIC PROFORMA was applied on the patient and the subject.

2) SPANN AND FISCHER CODEPENDENCY SCALE is a 16 item self report instrument used to define and measure codependency. Individual items were rated on 6 point Likert Scale and then summed with two reversed items to describe co-dependency on a scale from a high of 96 to low of 16. The mean score was approximated with a midpoint of 52.6, a medium score is 17-52.6, a high score is more than 52.6 and a low score is less than 17.

Scoring:

1.Strongly disagree

2.Moderately disagree

3.Slighlty disagree

4.Slightly agree

5.Moderately agree

6.Strongly agree

3) COPING QUESTIONNAIRE: is a 30 item form including engaged coping (CQ-E), tolerant coping (CQ-T) and withdrawal coping subscale (CQ-W). For the scoring, sum up scores of each item for engaged and tolerant and for withdrawal coping - substract items 5,22 and then add 6 (to ensure all values for CQ-W are positive)

Scoring:

0- No

1- Once or twice

2- Sometimes

3- Often

4) PROFORMA FOR SEVERITY OF ADDICTION was applied on the patient.

STATISTICAL ANALYSIS:

Data was described in terms of mean ± standard deviation (±SD), frequencies (number of cases) and relative frequencies (%age) as appropriate. Chi square test, t- test and ANOVA test were used for comparing different variables. A probability value (p- value) less than 0.05 was considered statistically significant. All statistical calculations were done using SPSS (Statistical Package for the Social Science) - SPSS 21 version statistical program for Microsoft windows.

OBSERVATIONS AND RESULTS

TABLES AND FIGURES

Table 1: Distribution of the Participants in Terms of Patient Age (n = 100)

Patient Age	Frequency	Percentage
18-25 Years	9	9.0%
26-35 Years	42	42.0%
36-45 Years	25	25.0%
46-60 Years	24	24.0%
Total	100	100.0%

Figure 1: Distribution of the Participants in Terms of Patient Age (n = 100)

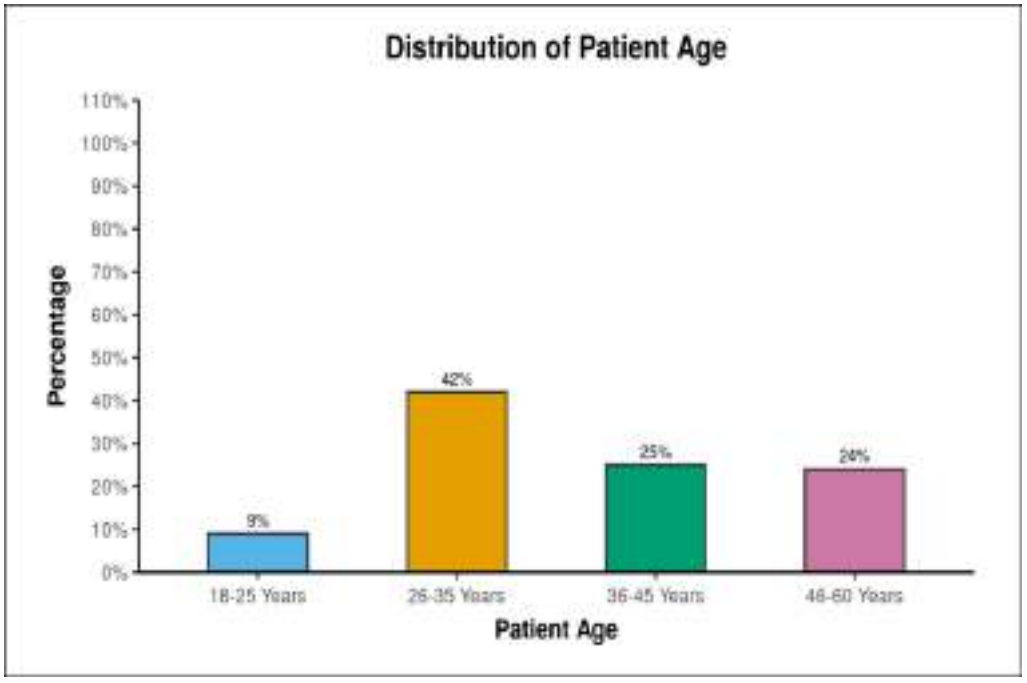

Table 2: Distribution of the Participants in Terms of Patient Gender (n = 100)

Patient Gender	Frequency	Percentage
Male	100	100.0%
Total	100	100.0%

Figure 2: Distribution of the Participants in Terms of Patient Gender (n = 100)

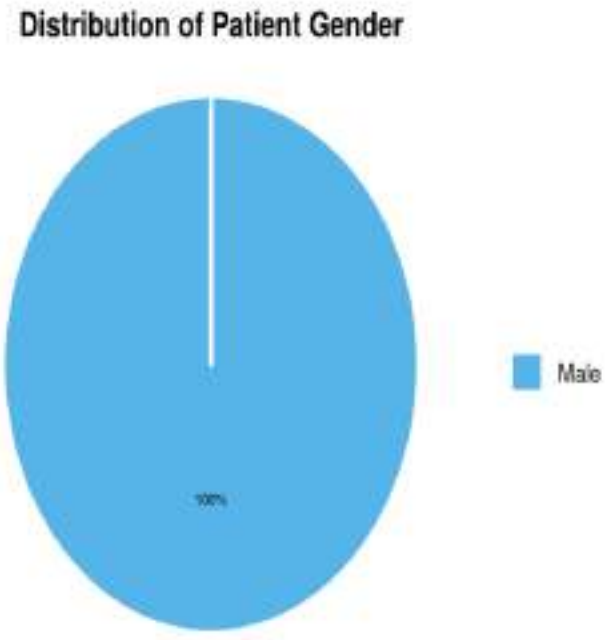

Table 3: Distribution of the Participants in Terms of Patient Education (n = 100)

Patient Education	Frequency	Percentage
Illiterate	4	4.0%
Upto Matric	39	39.0%
Higher Secondary	30	30.0%
Graduate	24	24.0%
Post Graduate	3	3.0%
Total	100	100.0%

Figure 3: Distribution of the Participants in Terms of Patient Education (n = 100)

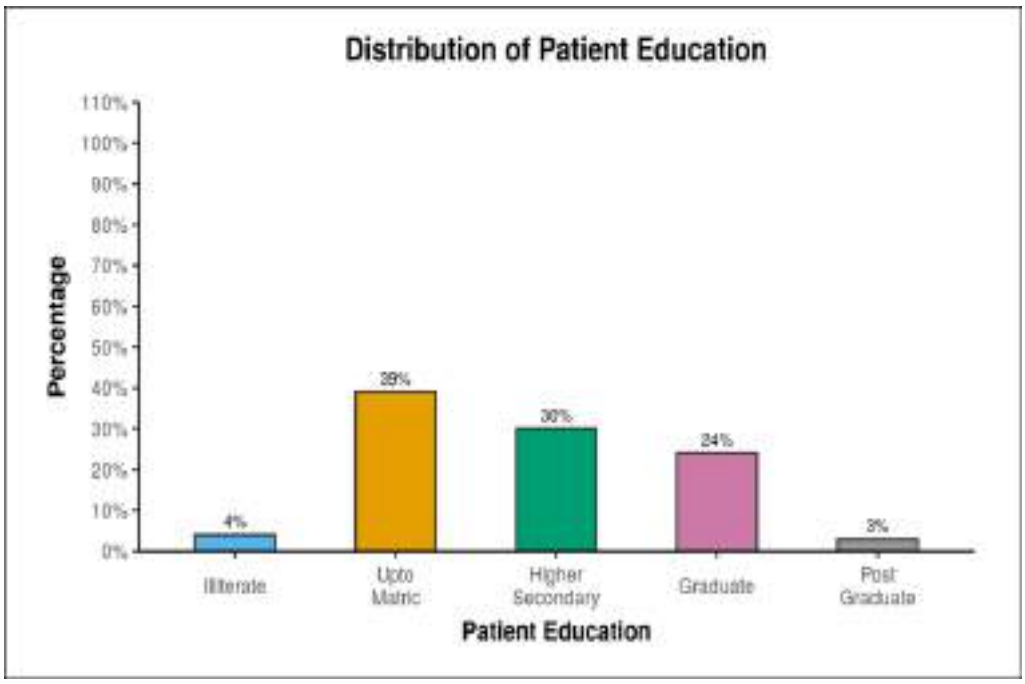

Table 4: Distribution of the Participants in Terms of Patient Occupation (n = 100)

Patient Occupation	Frequency	Percentage
Semi Skilled	34	34.0%
Skilled	26	26.0%
Farmer	21	21.0%
Businessman	14	14.0%
Shop Owner	4	4.0%
Household	1	1.0%
Total	100	100.0%

Figure 4: Distribution of the Participants in Terms of Patient Occupation (n = 100)

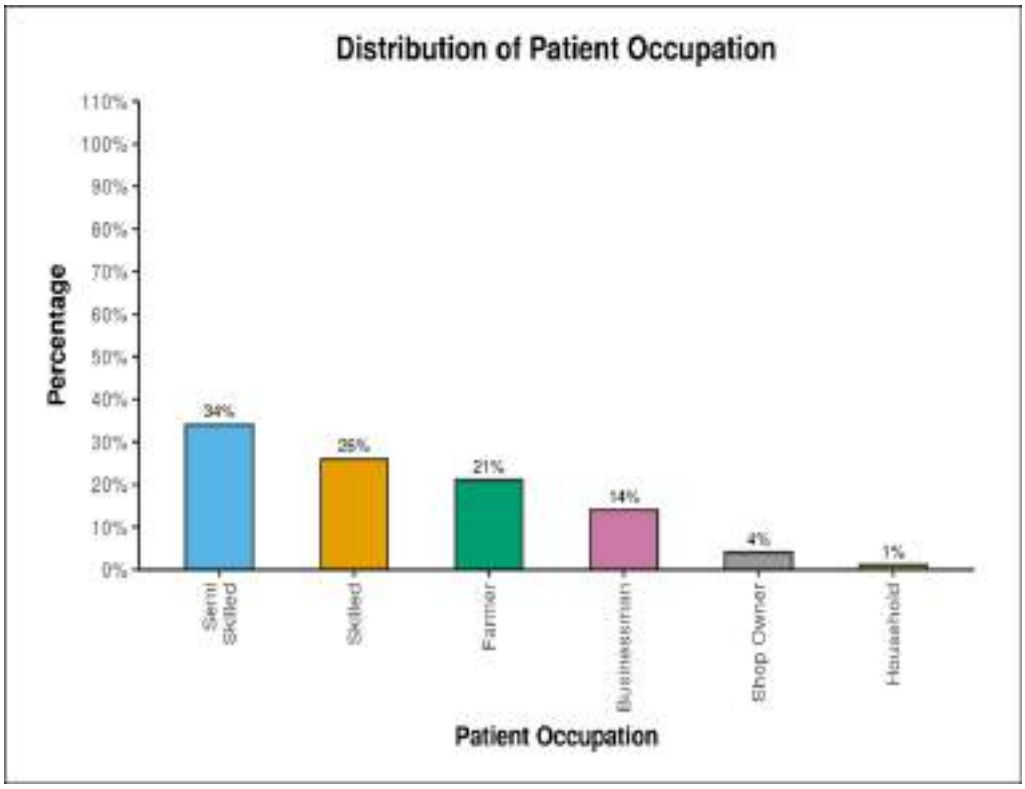

Table 5: Distribution of the Participants in Terms of Patient Family Type (n = 100)

Patient Family Type	Frequency	Percentage
Nuclear	34	34.0%
Extended	8	8.0%
Joint	58	58.0%
Total	100	100.0%

Figure 5: Distribution of the Participants in Terms of Patient Family Type (n = 100)

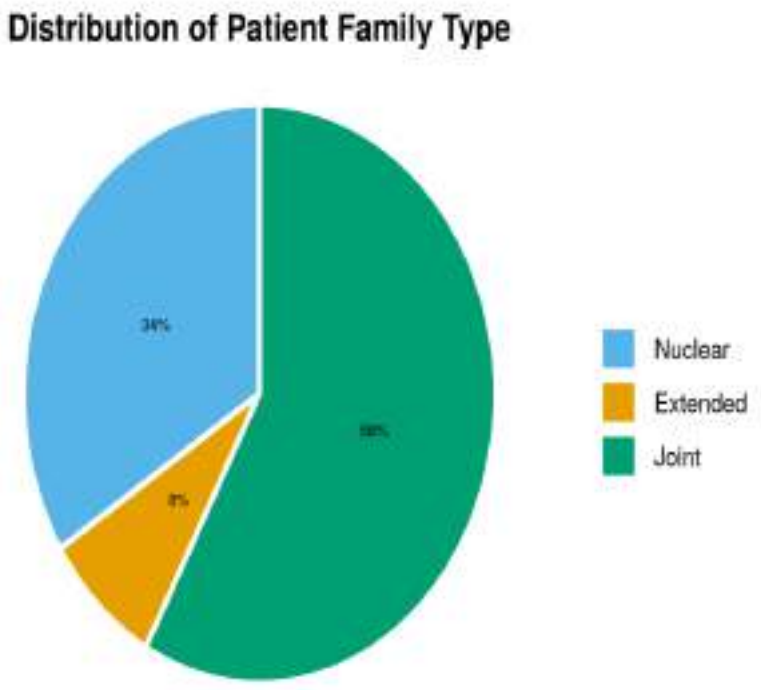

Table 6: Distribution of the Participants in Terms of Patient Type Of Substance Abuse (n = 100)

Patient Type Of Substance Abuse	Frequency	Percentage
Alcohol	50	50.0%
Raw Opium	27	27.0%
Heroin	23	23.0%
Total	100	100.0%

Figure 6: Distribution of the Participants in Terms of Patient Type Of Substance Abuse (n = 100)

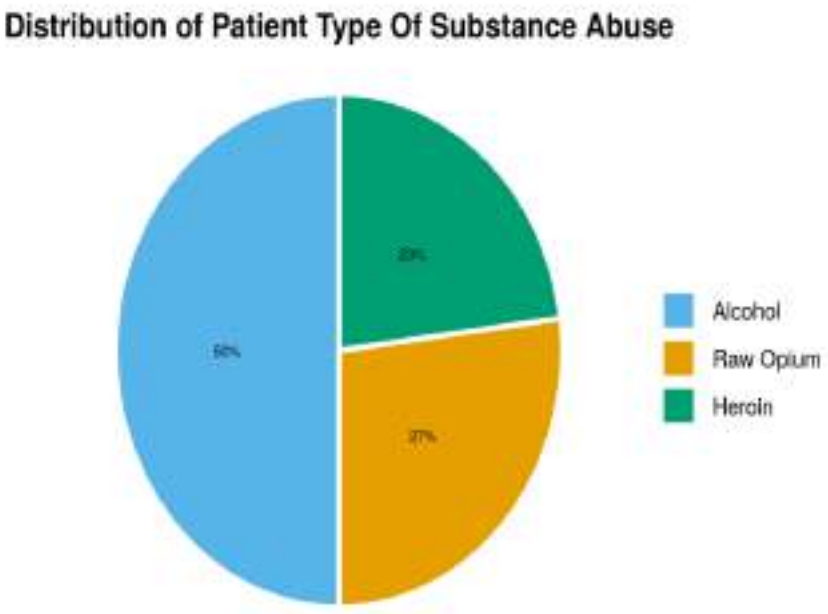

Table 7: Distribution of the Participants in Terms of Patient Primary Substance (n = 100)

Patient Primary Substance	Frequency	Percentage
Alcohol	50	50.0%
Opioid	50	50.0%
Total	100	100.0%

Figure 7: Distribution of the Participants in Terms of Patient Primary Substance (n = 100)

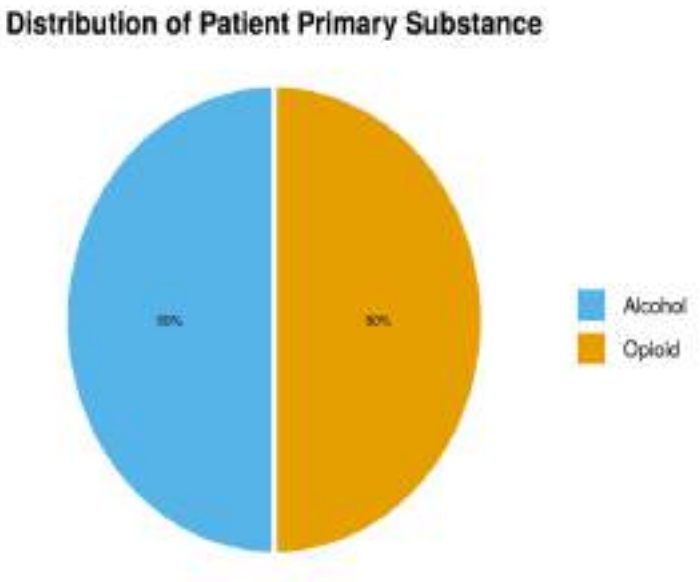

Table 8: Distribution of the Participants in Terms of Patient Duration Of Substance Abuse (n = 100)

Patient Duration Of Substance Abuse	Frequency	Percentage
<1 Year	7	7.0%
1-5 Years	46	46.0%
6-10 Years	17	17.0%
>10 Years	30	30.0%
Total	100	100.0%

Figure 8: Distribution of the Participants in Terms of Patient Duration Of Substance Abuse (n = 100)

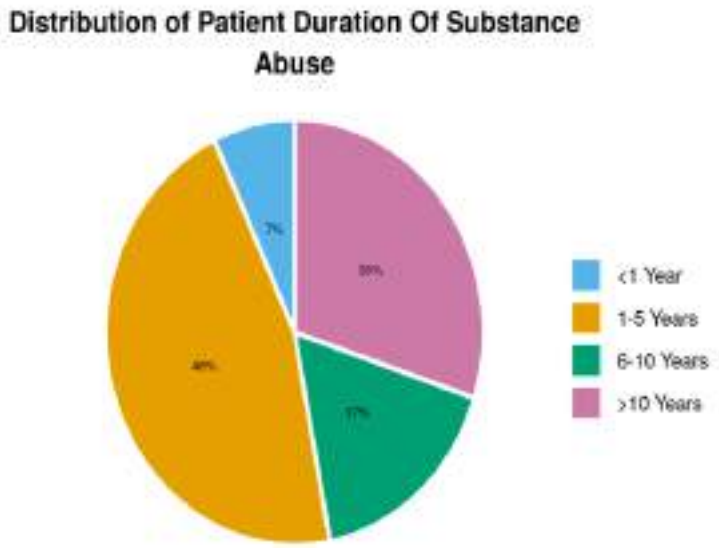

Table 9: Distribution of the Participants in Terms of Subject Age (n = 100)

Subject Age	Frequency	Percentage
18-25 Years	19	19.0%
26-35 Years	42	42.0%
36-45 Years	18	18.0%
46-60 Years	21	21.0%
Total	100	100.0%

Figure 9: Distribution of the Participants in Terms of Subject Age (n = 100)

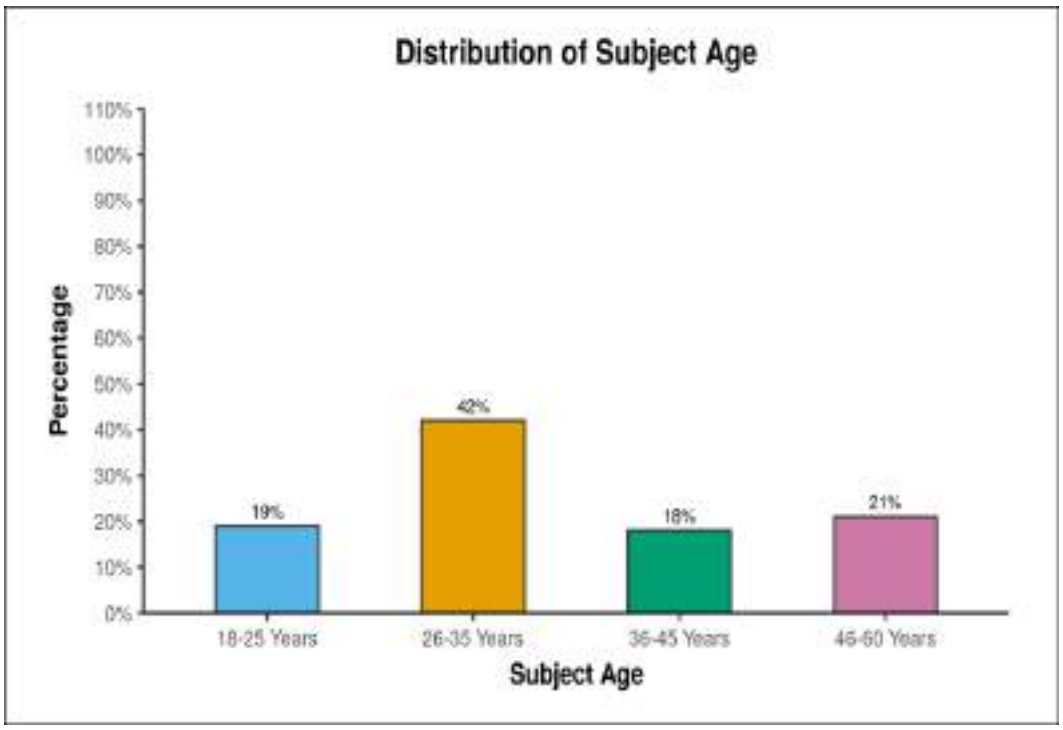

Table 10: Distribution of the Participants in Terms of Subject Gender (n = 100)

Subject Gender	Frequency	Percentage
Female	100	100.0%
Total	100	100.0%

Figure 10: Distribution of the Participants in Terms of Subject Gender (n = 100)

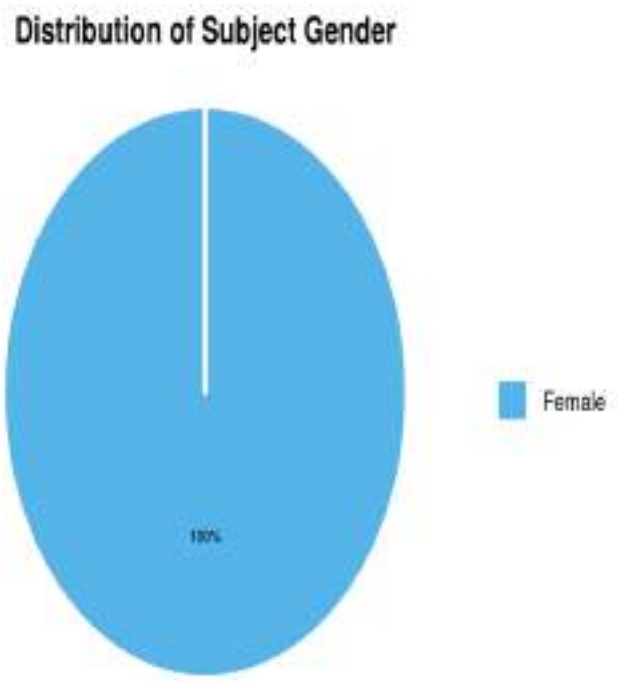

Table 11: Distribution of the Participants in Terms of Subject Education (n = 100)

Subject Education	Frequency	Percentage
Illiterate	6	6.0%
Upto Matric	50	50.0%
Higher Secondary	22	22.0%
Graduate	20	20.0%
Post Graduate	2	2.0%
Total	100	100.0%

Figure 11: Distribution of the Participants in Terms of Subject Education (n = 100)

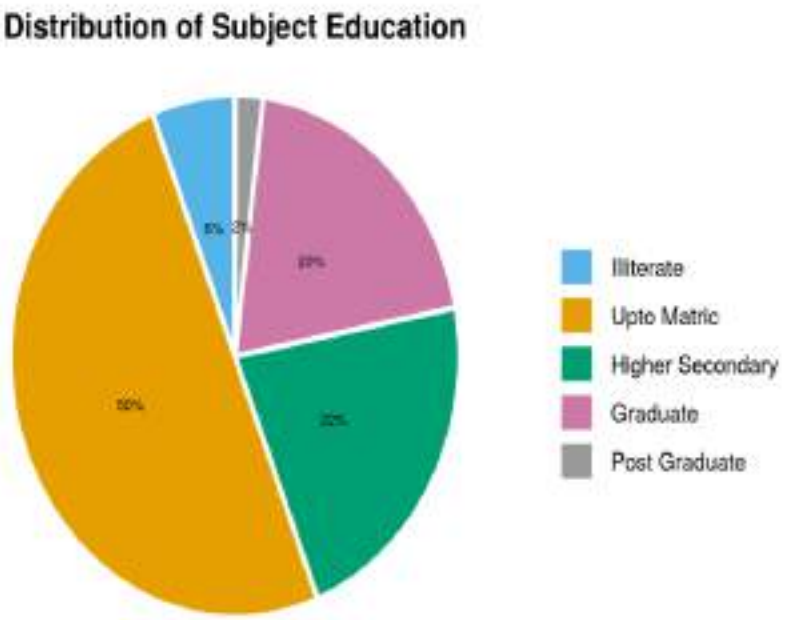

Table 12: Distribution of the Participants in Terms of Subject Occupation (n = 100)

Subject Occupation	Frequency	Percentage
Household	73	73.0%
Semi Skilled	13	13.0%
Skilled	13	13.0%
Farmer	1	1.0%
Total	100	100.0%

Figure 12: Distribution of the Participants in Terms of Subject Occupation (n = 100)

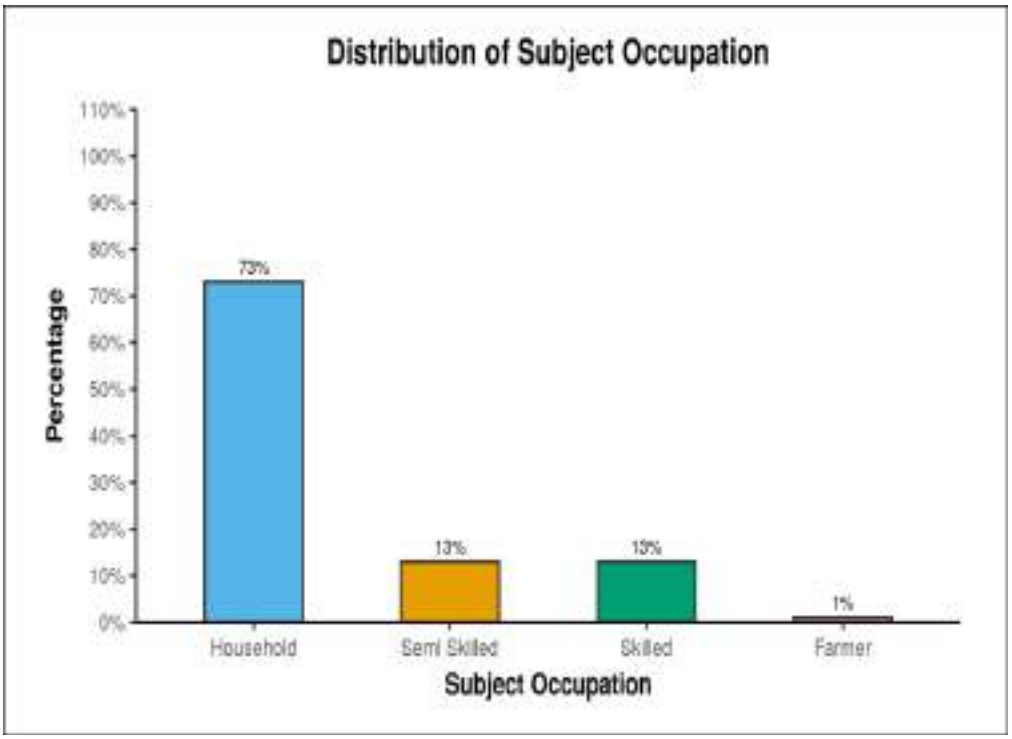

Table 13: Distribution of the Participants in Terms of Subject Type Of Substance Abuse Of Spouse (n = 100)

Subject Type Of Substance Abuse Of Spouse	Frequency	Percentage
Alcohol	49	49.0%
Raw Opium	22	22.0%
Heroin	15	15.0%
Not Known	14	14.0%
Total	100	100.0%

Figure 13: Distribution of the Participants in Terms of Subject Type Of Substance Abuse Of Spouse (n = 100)

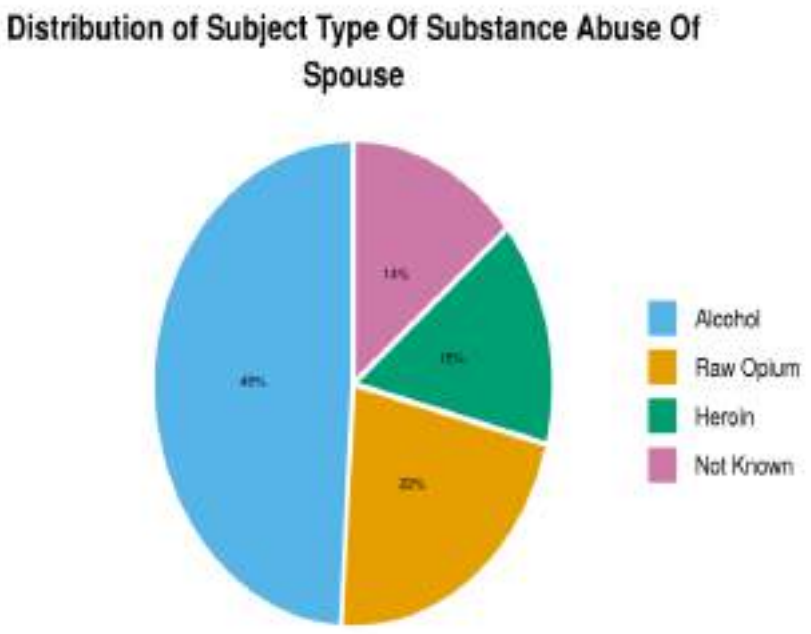

Table 14: Distribution of the Participants in Terms of Subject Duration Of Substance Abuse Of Spouse (n = 100)

Subject Duration Of Substance Abuse Of Spouse	Frequency	Percentage
<1 Year	13	13.0%
1-5 Years	50	50.0%
6-10 Years	10	10.0%
>10 Years	27	27.0%
Total	100	100.0%

Figure 14: Distribution of the Participants in Terms of Subject Duration Of Substance Abuse Of Spouse (n = 100)

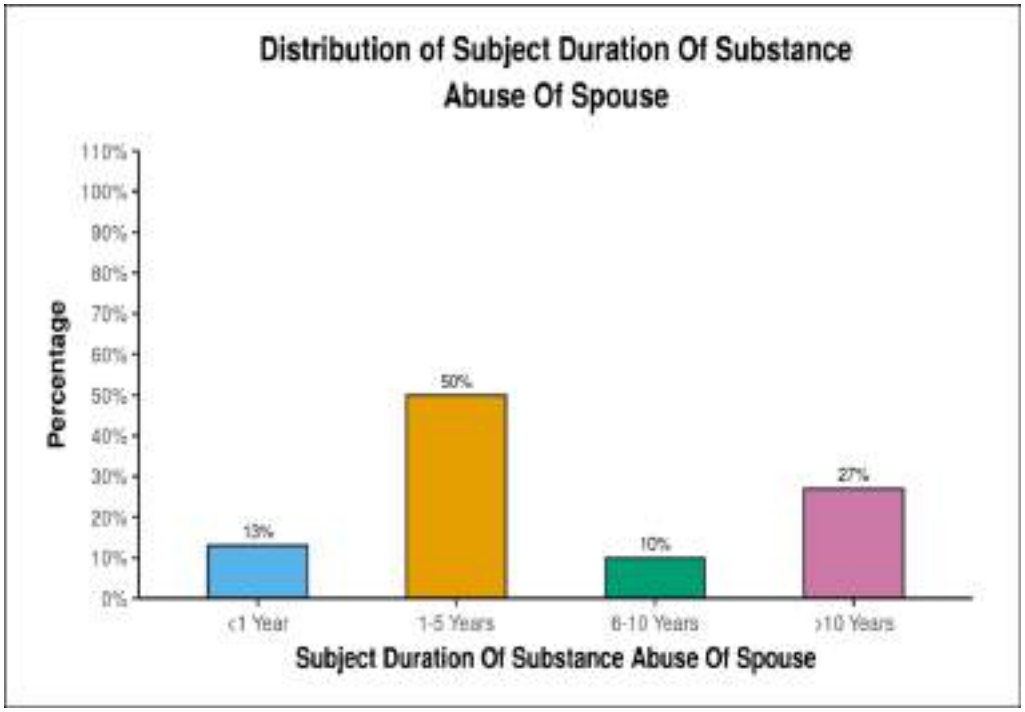

Table 15: Proforma for Severity Of Addiction

ASI	Mean ± SD || Median (IQR) || Min-Max || Frequency (%)
Number of Times Admitted for Medical Problems	
Never	33 (33.0%)
1-5 Times	48 (48.0%)
>5 Times	19 (19.0%)
How Troubled/Bothered by Medical Problems	
Mild	31 (31.0%)
Moderate	40 (40.0%)
Severe	29 (29.0%)
Is Treatment for Medical Problems Important Now (Yes)	71 (71.7%)
Education Completed	
Illiterate	3 (3.0%)
Upto Matric	59 (59.6%)
Graduate	31 (31.3%)
Post Graduate	6 (6.1%)
Someone Contributes To Support (Yes)	19 (19.0%)
Support Constitutes The Majority Of Your Support (Yes)	21 (21.0%)
How Troubled/Bothered By Employment Problem	
Mild	24 (24.0%)
Moderate	50 (50.0%)
Severe	26 (26.0%)
Which Substance Major Problem	

ASI	Mean ± SD || Median (IQR) || Min-Max || Frequency (%)
Alcohol	49 (49.0%)
Raw Opium	28 (28.0%)
Heroin	23 (23.0%)
How Many Times Overdosed	
Never	39 (39.0%)
1-5 Times	40 (40.0%)
>5 Times	21 (21.0%)
How Many Times Treated For Drug Problem	
Never	23 (23.0%)
1-5 Times	60 (60.0%)
>5 Times	17 (17.0%)
Ever Been Arrested	
Never	55 (55.0%)
1-5 Times	34 (34.0%)
>5 Times	11 (11.0%)
Blood Relatives Ever Been On Drugs (Yes)	34 (34.0%)
Relations With Loved Ones	
Good	26 (26.0%)
Not Good	74 (74.0%)
Psychiatric Comorbidity (Yes)	53 (53.0%)

Table 16: Summary of Engaged Coping

Engaged Coping	No	Once Or Twice	Sometimes	Often
Refused Money	37 (37.0%)	7 (7.0%)	22 (22.0%)	34 (34.0%)
Talked About	11 (11.0%)	6 (6.0%)	28 (28.0%)	55 (55.0%)
Argued	5 (5.0%)	8 (8.0%)	16 (16.0%)	71 (71.0%)
Pleaded	1 (1.0%)	5 (5.0%)	4 (4.0%)	90 (90.0%)
Upset	0 (0.0%)	2 (2.0%)	12 (12.0%)	86 (86.0%)
Rules & Regulations	19 (19.0%)	11 (11.0%)	20 (20.0%)	50 (50.0%)
Oath	7 (7.0%)	5 (5.0%)	20 (20.0%)	68 (68.0%)
Moody	7 (7.0%)	12 (12.0%)	20 (20.0%)	61 (61.0%)
Checked Up	33 (33.0%)	4 (4.0%)	41 (41.0%)	22 (22.0%)
Won’t Accept Reasons	13 (13.0%)	12 (12.0%)	9 (9.0%)	66 (66.0%)
Family Contribution	3 (3.0%)	3 (3.0%)	12 (12.0%)	82 (82.0%)
Accused	12 (12.0%)	9 (9.0%)	32 (32.0%)	47 (47.0%)
Sort Out	4 (4.0%)	4 (4.0%)	26 (26.0%)	66 (66.0%)
Searched	14 (14.0%)	12 (12.0%)	47 (47.0%)	27 (27.0%)

Figure 15: Percentage Distribution of Engaged Coping

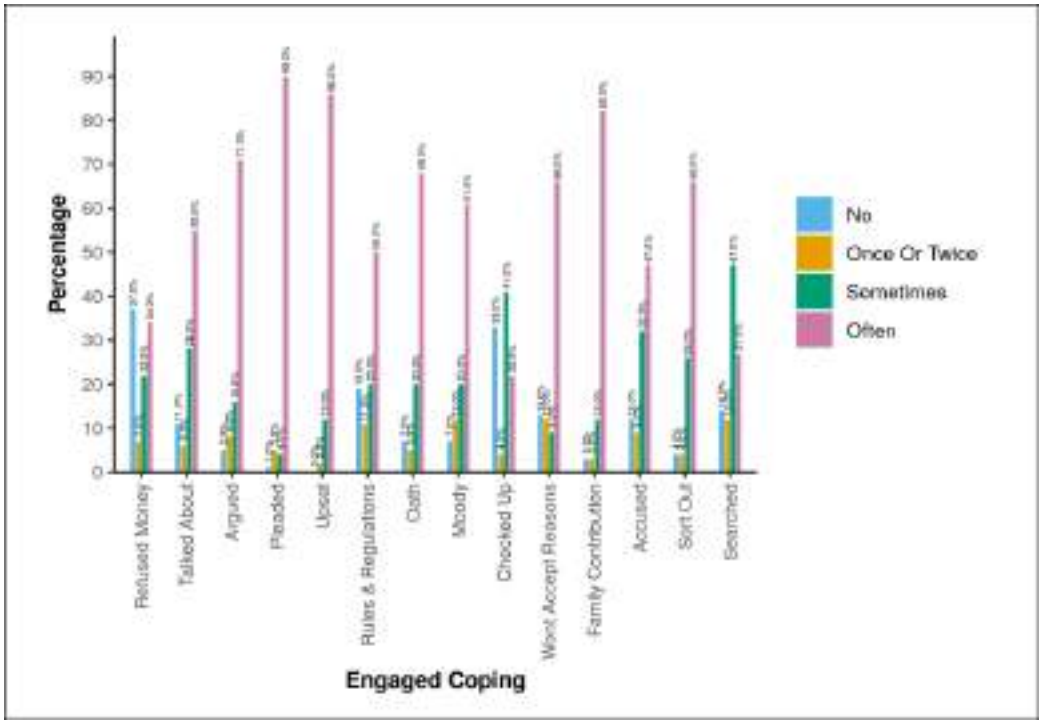

Figure 16: Summary of Engaged Coping

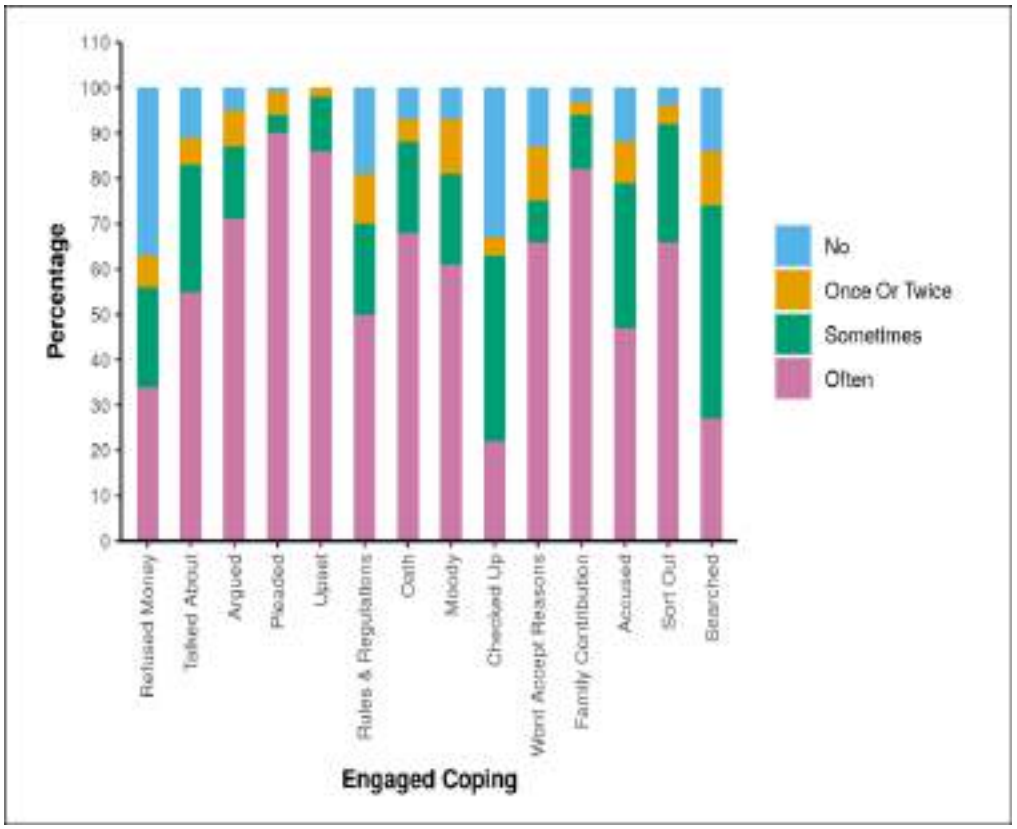

Table 17: Summary of Tolerant Coping

Tolerant Coping	No	Once Or Twice	Sometimes	Often
Put Yourself	4 (4.0%)	30 (30.0%)	21 (21.0%)	45 (45.0%)
Given Money	74 (74.0%)	9 (9.0%)	8 (8.0%)	9 (9.0%)
Felt Frightened	33 (33.0%)	22 (22.0%)	22 (22.0%)	23 (23.0%)
Felt Hopeless	19 (19.0%)	36 (36.0%)	16 (16.0%)	29 (29.0%)
Give Threats	33 (33.0%)	11 (11.0%)	40 (40.0%)	16 (16.0%)
Indecisive	58 (58.0%)	18 (18.0%)	12 (12.0%)	12 (12.0%)
Unchangeable	40 (40.0%)	13 (13.0%)	12 (12.0%)	35 (35.0%)
Made Excuses	51 (51.0%)	29 (29.0%)	14 (14.0%)	6 (6.0%)
Things Normal	55 (55.0%)	18 (18.0%)	16 (16.0%)	11 (11.0%)

Figure 17: Percentage Distribution of Tolerant Coping

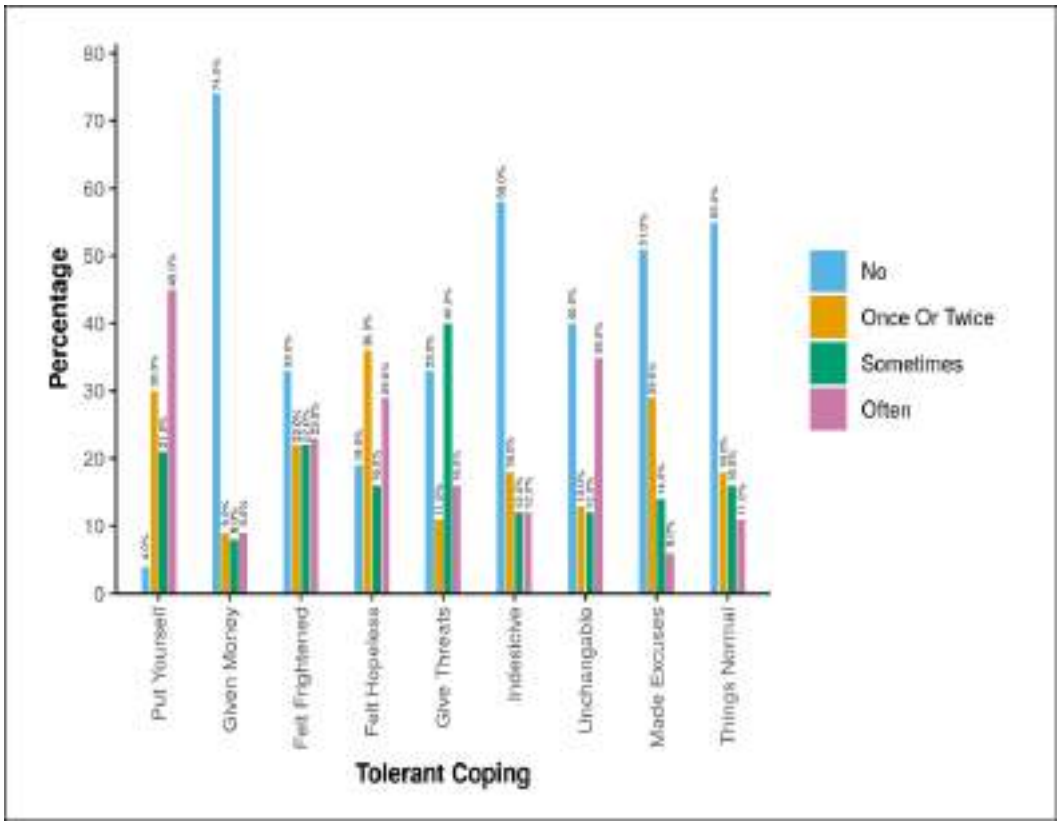

Figure 18: Summary of Tolerant Coping

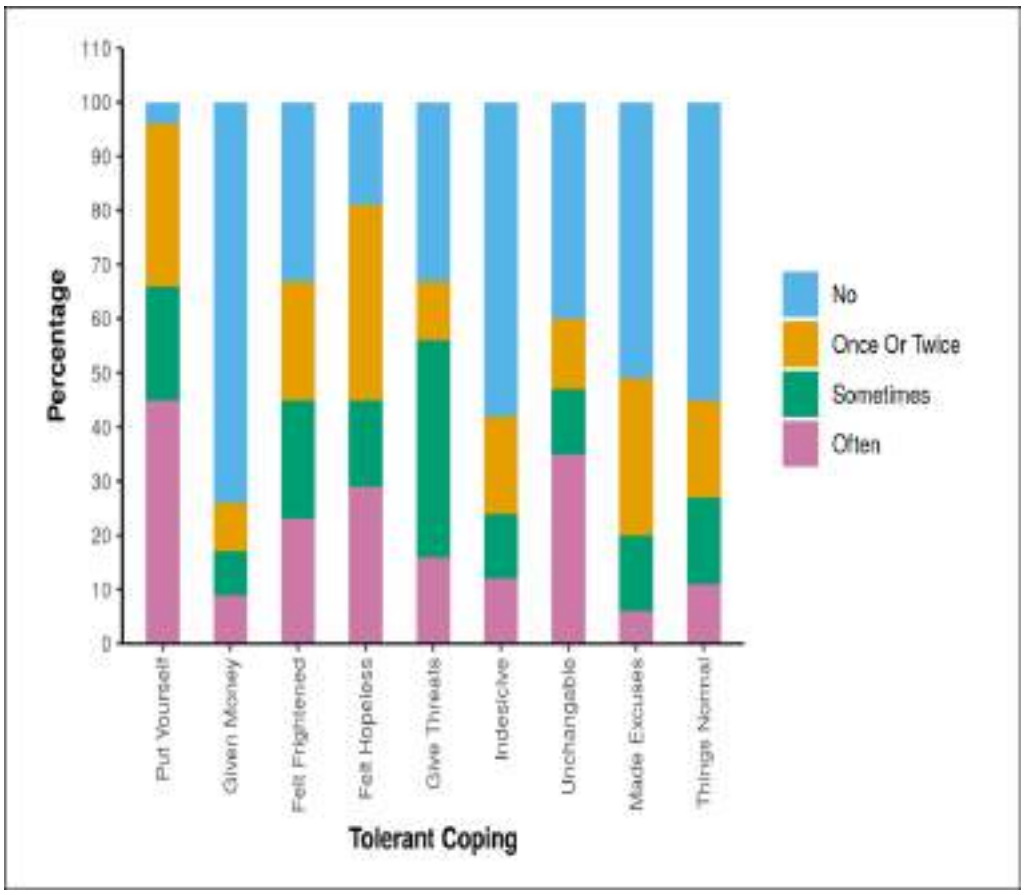

Table 18: Summary of Withdrawal Coping

Withdrawal Coping	No	Once Or Twice	Sometimes	Often
Put Interest	14 (14.0%)	48 (48.0%)	21 (21.0%)	17 (17.0%)
Left Alone	40 (40.0%)	32 (32.0%)	14 (14.0%)	14 (14.0%)
New Interest	49 (49.0%)	19 (19.0%)	11 (11.0%)	21 (21.0%)
Avoided Him	28 (28.0%)	23 (23.0%)	23 (23.0%)	26 (26.0%)
Got On With	12 (12.0%)	13 (13.0%)	46 (46.0%)	29 (29.0%)
Stood With Him	7 (7.0%)	30 (30.0%)	43 (43.0%)	20 (20.0%)
Put Yourself	64 (64.0%)	23 (23.0%)	9 (9.0%)	4 (4.0%)

Figure 19: Percentage Distribution of Withdrawal Coping

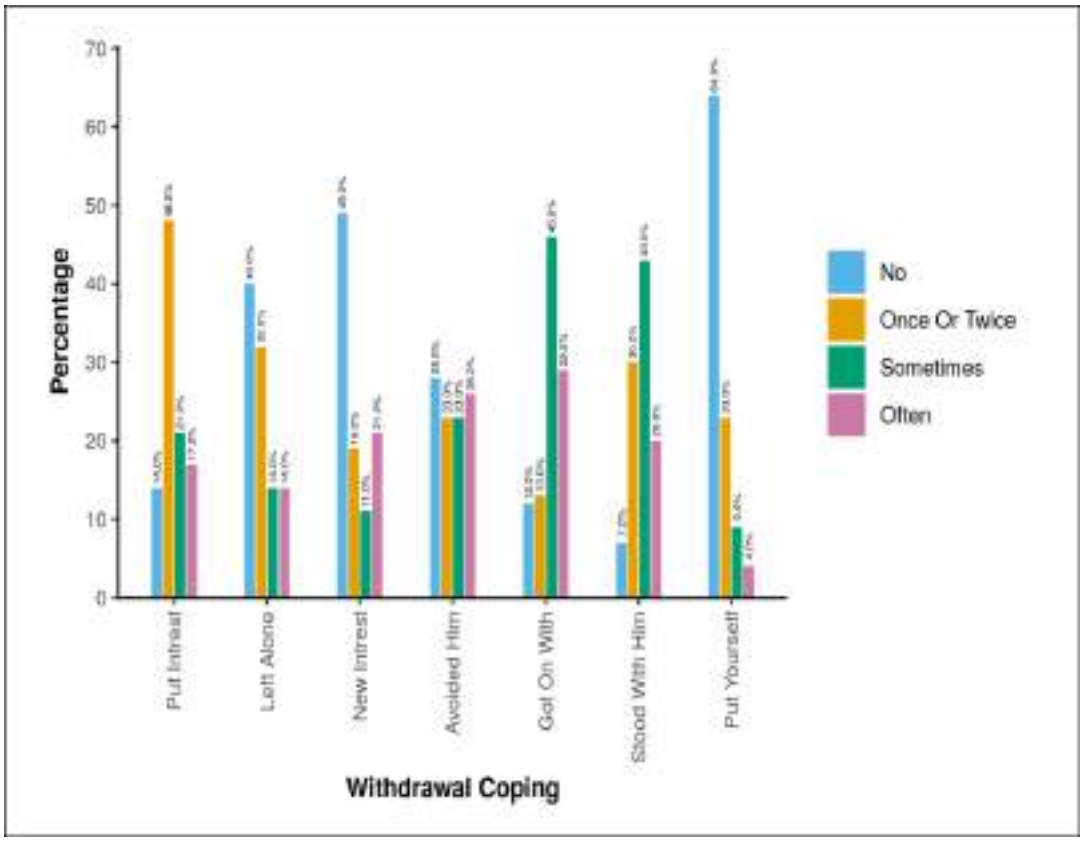

Figure 20: Summary of Withdrawal Coping

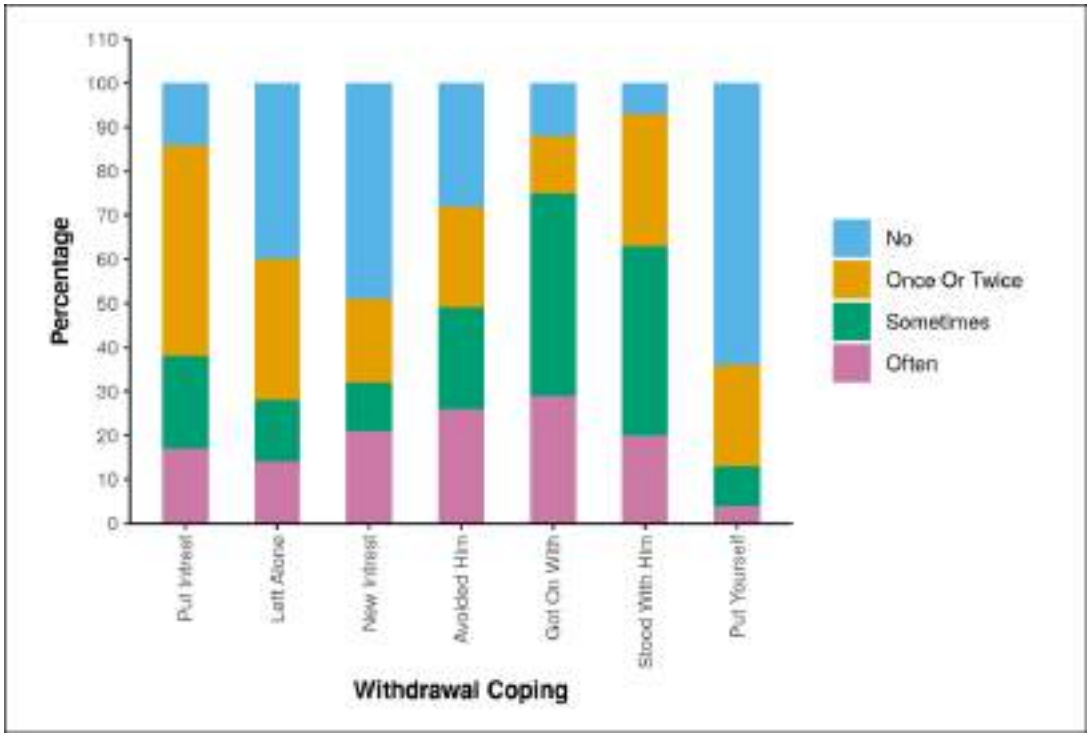

Table 19: Distribution of the Participants in Terms of Subject CQ Score: Engaged Coping (n = 100)

Subject CQ Score: Engaged Coping	
Mean (SD)	29.35 (6.36)
Median (IQR)	32 (25.75-33)
Range	3 - 51

Figure 21: Distribution of the Participants in Terms of Subject CQ Score: Engaged Coping (n = 100)

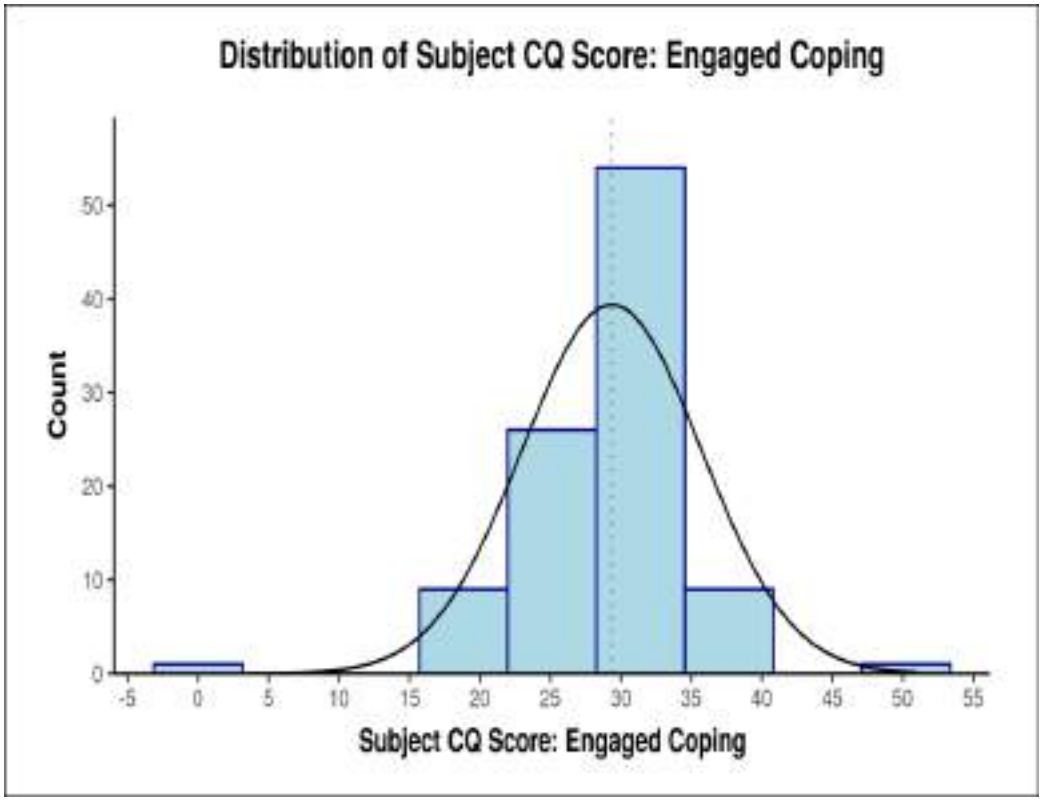

Table 20: Distribution of the Participants in Terms of Subject CQ Score: Tolerant Coping (n = 100)

Subject CQ Score: Tolerant Coping	
Mean (SD)	12.74 (8.68)
Median (IQR)	16.5 (1-19)
Range	1 - 26

Figure 22: Distribution of the Participants in Terms of Subject CQ Score: Tolerant Coping (n = 100)

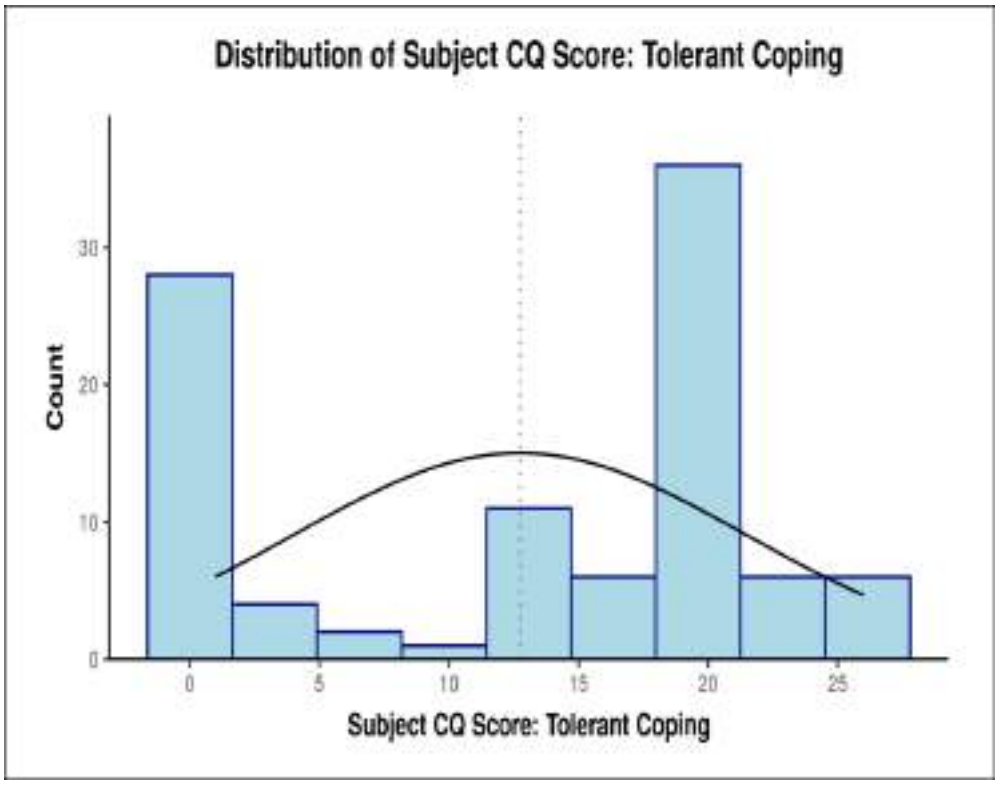

Table 21: Distribution of the Participants in Terms of Subject CQ Score: Withdrawal Coping (n = 100)

Subject CQ Score: Withdrawal Coping	
Mean (SD)	11.13 (4.02)
Median (IQR)	12 (7-15)
Range	2 - 18

Figure 23: Distribution of the Participants in Terms of Subject CQ Score: Withdrawal Coping (n = 100)

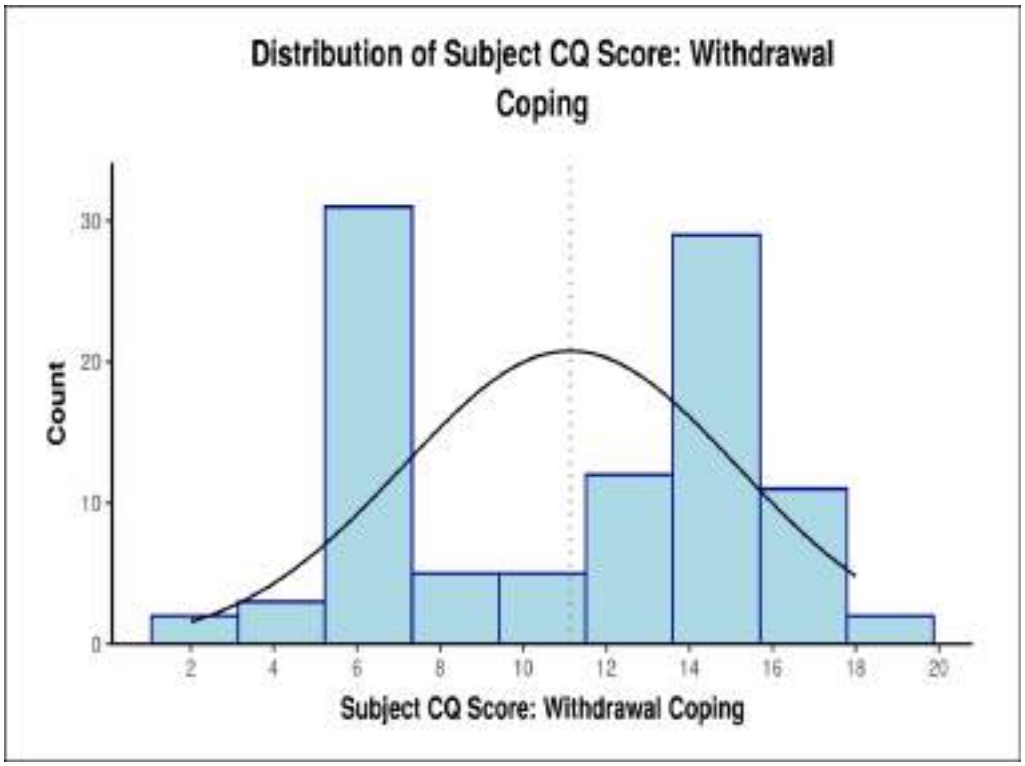

Table 22: Distribution of the Participants in Terms of Subject SFCS Score (n = 100)

Subject SFCS Score	Frequency	Percentage
Medium (17-52.6)	40	40.0%
High (>52.6)	60	60.0%
Total	100	100.0%

Figure 24: Distribution of the Participants in Terms of Subject SFCS Score (n = 100)

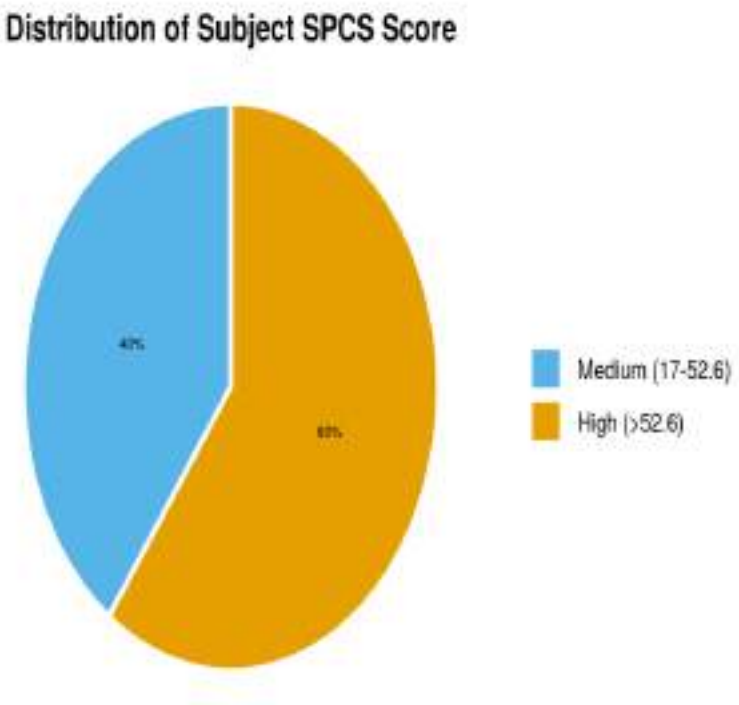

Table 23: Summary of Subject CQ Score

Subject CQ Score	Mean ± SD	Median (IQR)	Min - Max
Engaged Coping	29.35 ± 6.36	32.00 (25.75-33.00)	3.0 - 51.0
Tolerant Coping	12.74 ± 8.68	16.50 (1.00-19.00)	1.0 - 26.0
Withdrawal Coping	11.13 ± 4.02	12.00 (7.00-15.00)	2.0 - 18.0

Figure 25: Summary of Subject CQ Score

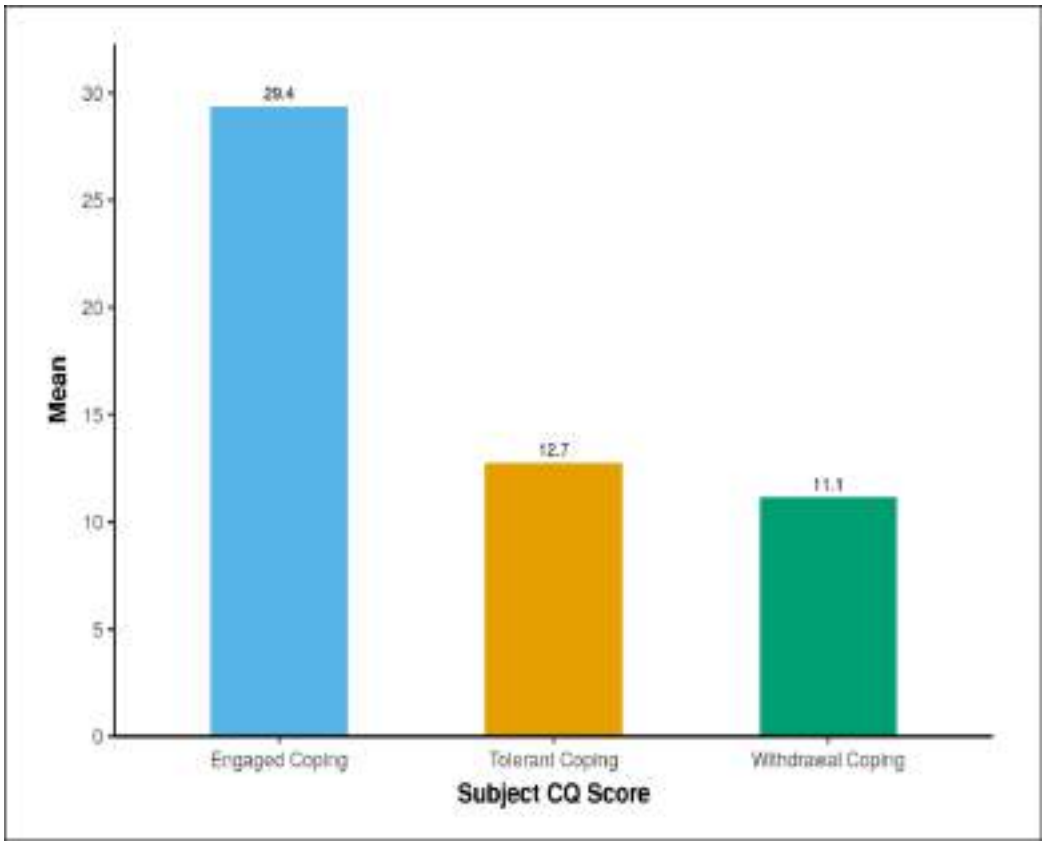

Table 24: Association Between Patient Primary Substance and Patient Age (n = 100)

Patient Age	Patient Primary Substance			Fisher's Exact Test	
	Alcohol	Opioid	Total	χ2	P Value
18-25 Years	1 (2.0%)	8 (16.0%)	9 (9.0%)	26.165	<0.001
26-35 Years	12 (24.0%)	30 (60.0%)	42 (42.0%)		
36-45 Years	18 (36.0%)	7 (14.0%)	25 (25.0%)		
46-60 Years	19 (38.0%)	5 (10.0%)	24 (24.0%)		
Total	50 (100.0%)	50 (100.0%)	100 (100.0%)		

Table 25: Association Between Patient Primary Substance and Patient Age (n = 100) adjusted P value

Patient Age	Adjusted P Values
18-25 Years vs. 26-35 Years	0.500
18-25 Years vs. 36-45 Years	0.006
18-25 Years vs. 46-60 Years	0.002
26-35 Years vs. 36-45 Years	0.002
26-35 Years vs. 46-60 Years	<0.001
36-45 Years vs. 46-60 Years	0.742

Figure 26: Association Between Patient Primary Substance and Patient Age (n = 100)

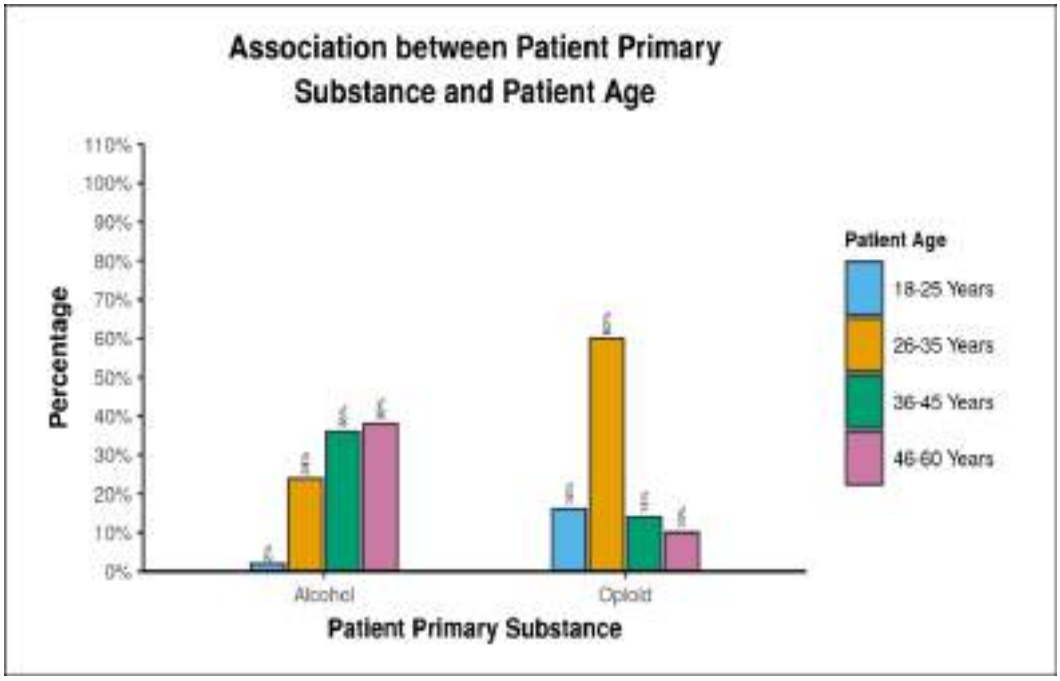

Figure 27: Comparison Of Patient Primary Substance And Patient Age (n = 100) Between Opioid And Alcohol Addicts

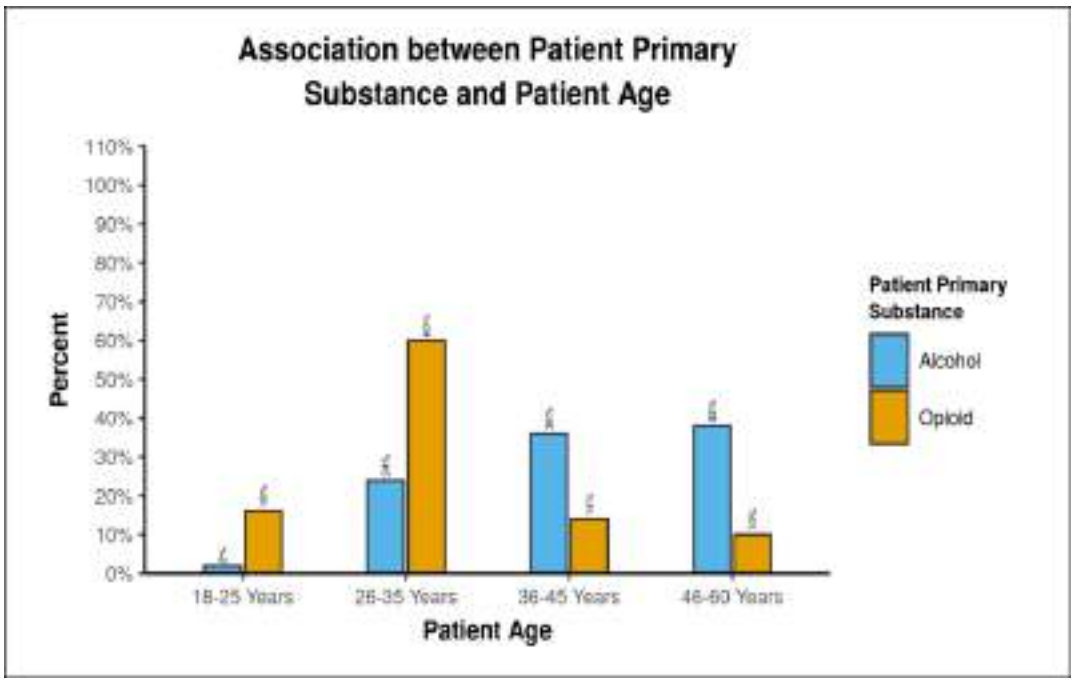

Table 26: Association Between Patient Primary Substance and Patient Gender (n = 100)

Patient Gender	Patient Primary Substance			Chi-Squared Test	
	Alcohol	Opioid	Total	χ2	P Value
Male	50 (100.0%)	50 (100.0%)	100 (100.0%)	-	-
Total	50 (100.0%)	50 (100.0%)	100 (100.0%)		

Figure 28: Association Between Patient Primary Substance and Patient Gender (n = 100)

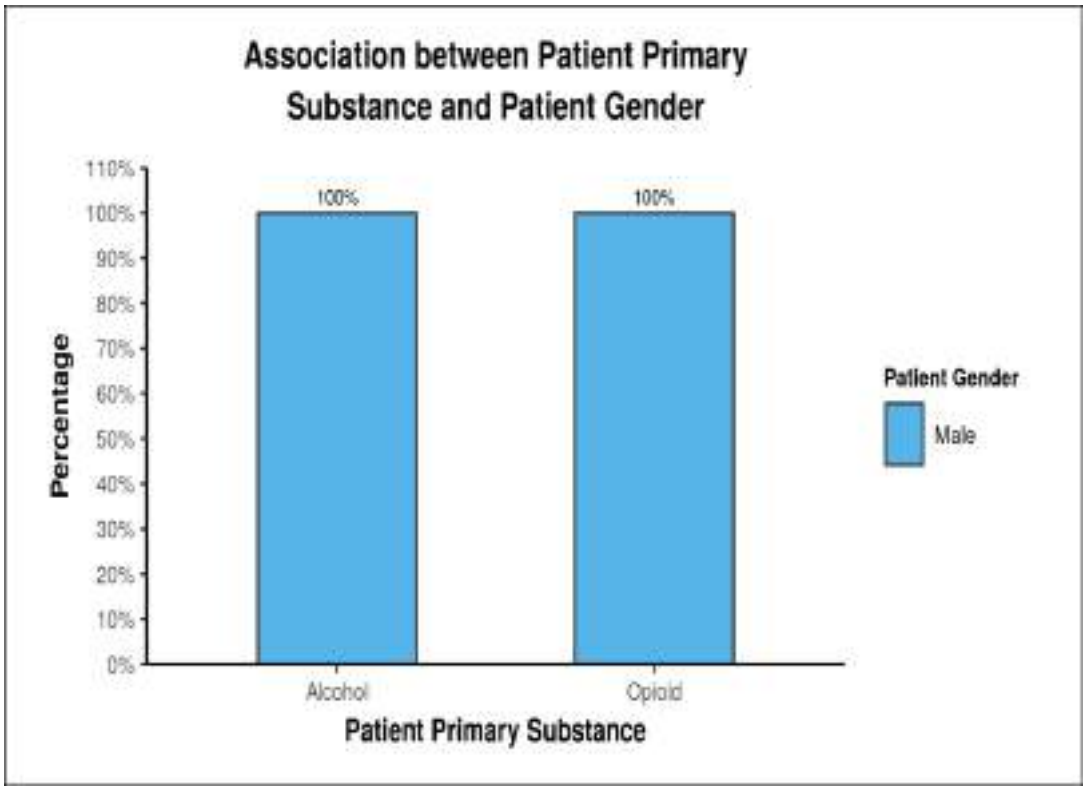

Figure 29: Comparison Of Patient Primary Substance And Patient Gender (n = 100) Between Opioid And Alcohol Addict

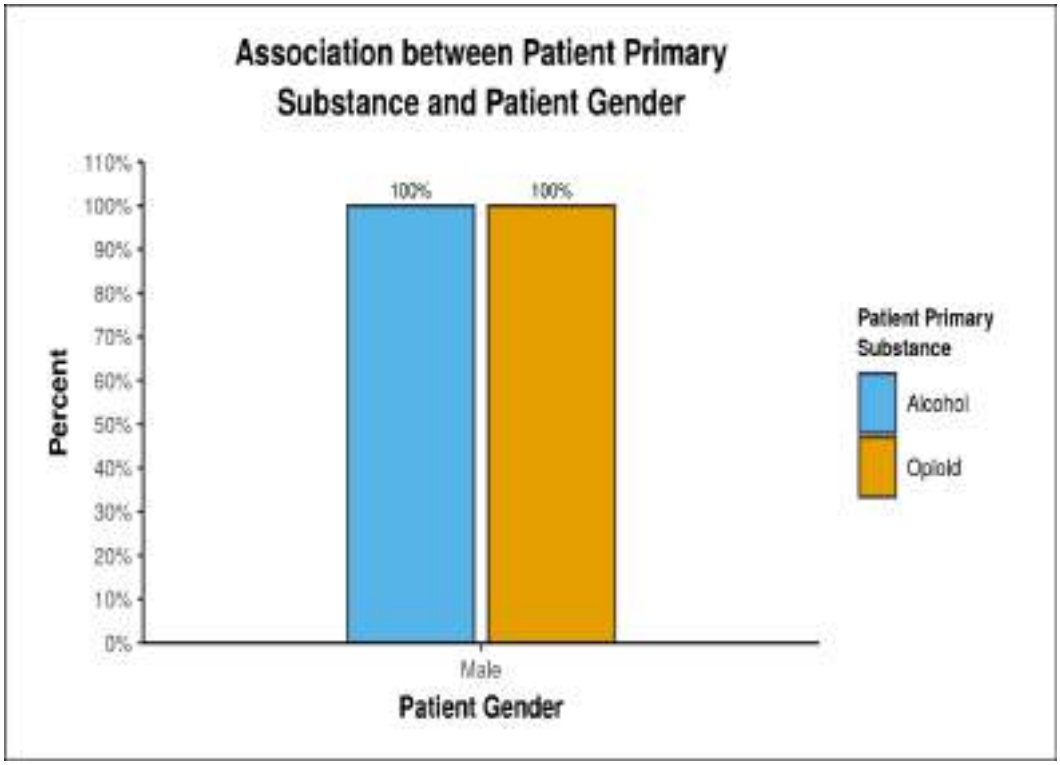

Table 27: Association Between Patient Primary Substance and Patient Education (n = 100)

Patient Education	Patient Primary Substance			Fisher's Exact Test	
	Alcohol	Opioid	Total	χ2	P Value
Illiterate	3 (6.0%)	1 (2.0%)	4 (4.0%)	4.941	0.351
Upto Matric	22 (44.0%)	17 (34.0%)	39 (39.0%)		
Higher Secondary	14 (28.0%)	16 (32.0%)	30 (30.0%)		
Graduate	11 (22.0%)	13 (26.0%)	24 (24.0%)		
Post Graduate	0 (0.0%)	3 (6.0%)	3 (3.0%)		
Total	50 (100.0%)	50 (100.0%)	100 (100.0%)		

Table 28: Association Between Patient Primary Substance and Patient Education (n = 100) adjusted P value

Patient Education	Adjusted P Values
Illiterate vs. Upto Matric	0.698
Illiterate vs. Higher Secondary	0.698
Illiterate vs. Graduate	0.698
Illiterate vs. Post Graduate	0.620
Upto Matric vs. Higher Secondary	0.698
Upto Matric vs. Graduate	0.698
Upto Matric vs. Post Graduate	0.620
Higher Secondary vs. Graduate	1.000
Higher Secondary vs. Post Graduate	0.620
Graduate vs. Post Graduate	0.620

Figure 30: Association Between Patient Primary Substance and Patient Education (n = 100)

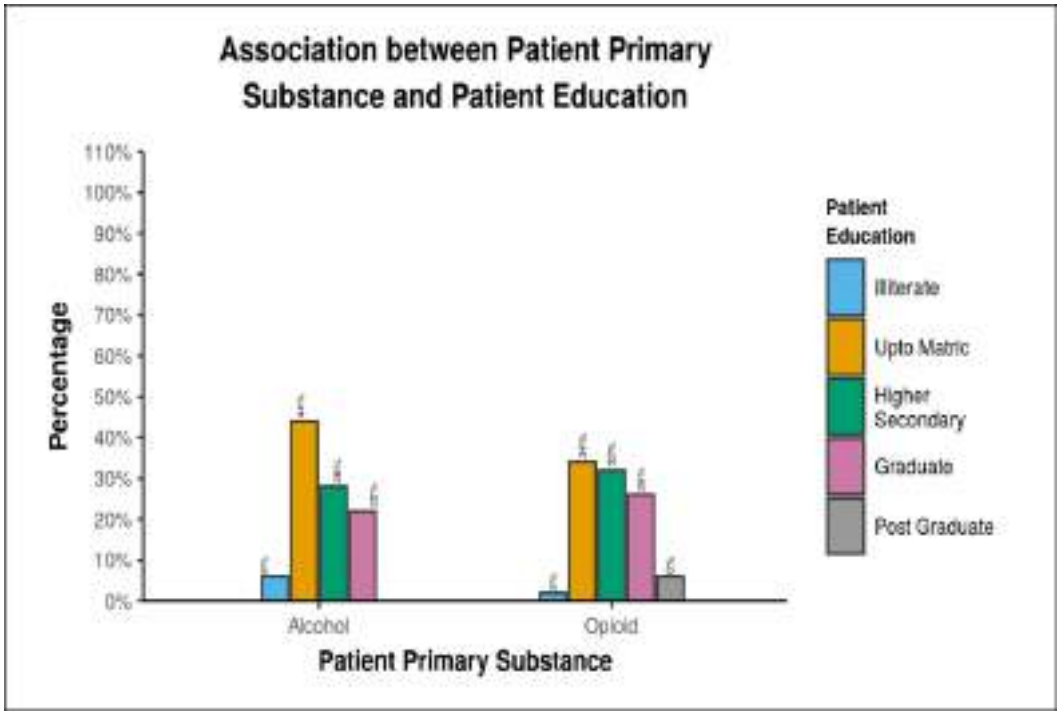

Figure 31: Comparison of Patient Primary Substance and Patient Education (n = 100)between Opioid and Alcohol addicts

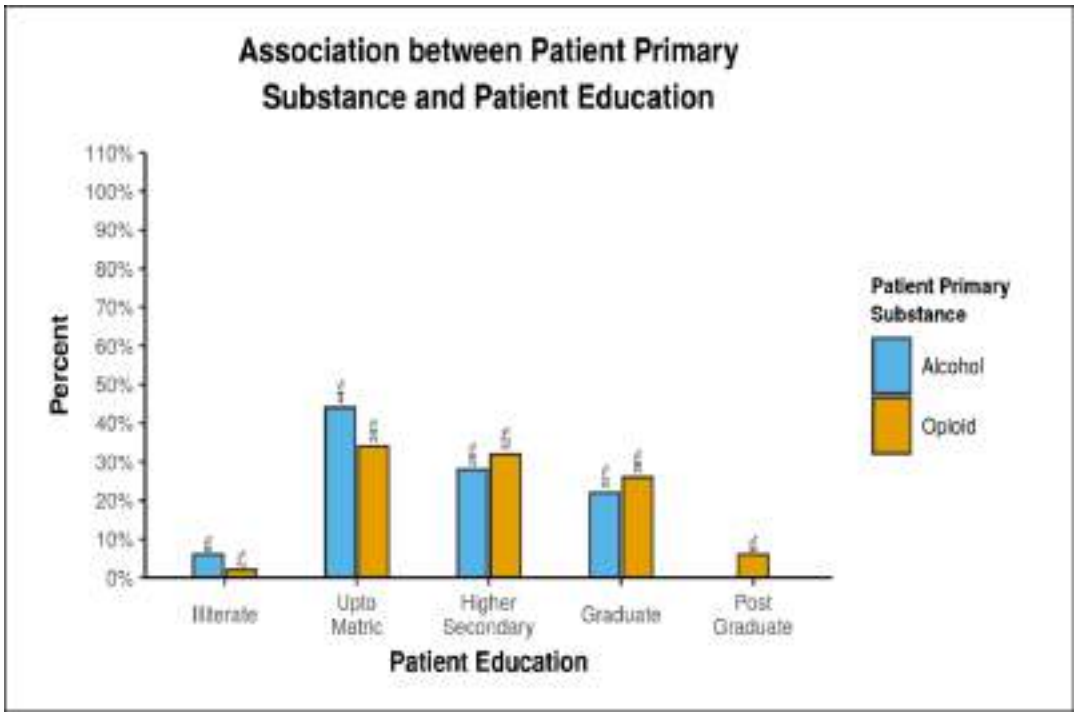

Table 29: Association Between Patient Primary Substance and Patient Family Type (n = 100)

Patient Family Type	Patient Primary Substance			Fisher's Exact Test	
	Alcohol	Opioid	Total	χ2	P Value
Nuclear	18 (36.0%)	16 (32.0%)	34 (34.0%)	0.618	0.787
Extended	3 (6.0%)	5 (10.0%)	8 (8.0%)		
Joint	29 (58.0%)	29 (58.0%)	58 (58.0%)		
Total	50 (100.0%)	50 (100.0%)	100 (100.0%)		

Table 30: Association Between Patient Primary Substance and Patient Family Type (n = 100)adjusted P value

Patient Family Type	Adjusted P Values
Nuclear vs. Extended	0.831
Nuclear vs. Joint	0.831
Extended vs. Joint	0.831

Figure 32: Association Between Patient Primary Substance and Patient Family Type (n = 100)

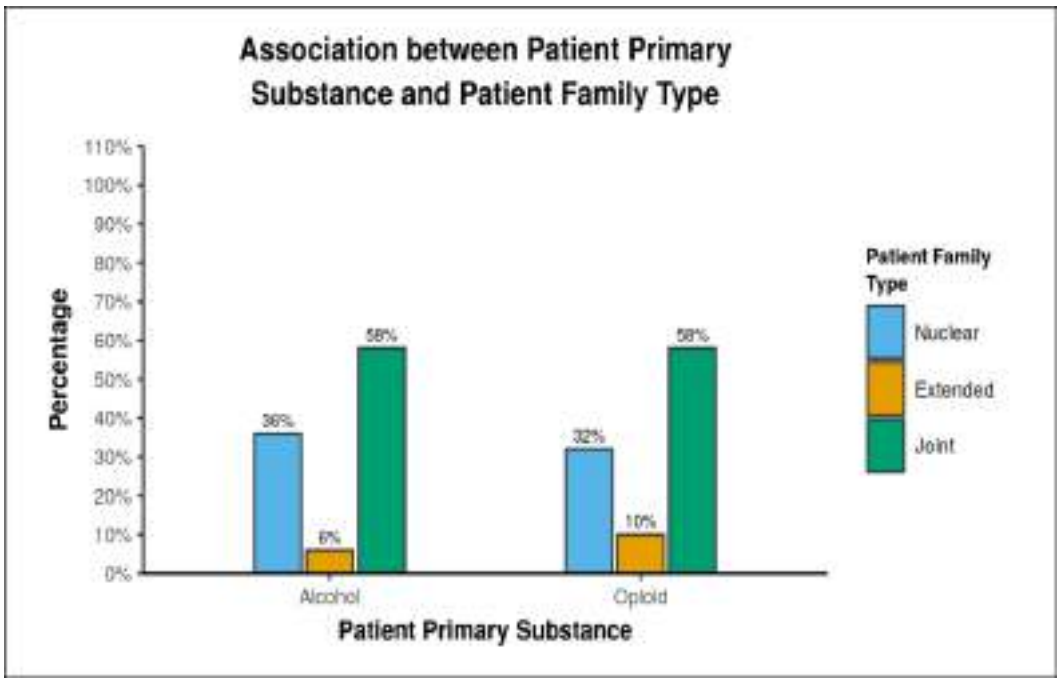

Figure 33: Comparison of Between Patient Primary Substance and Patient Family Type (n = 100) between Opioid and Alcohol Addict

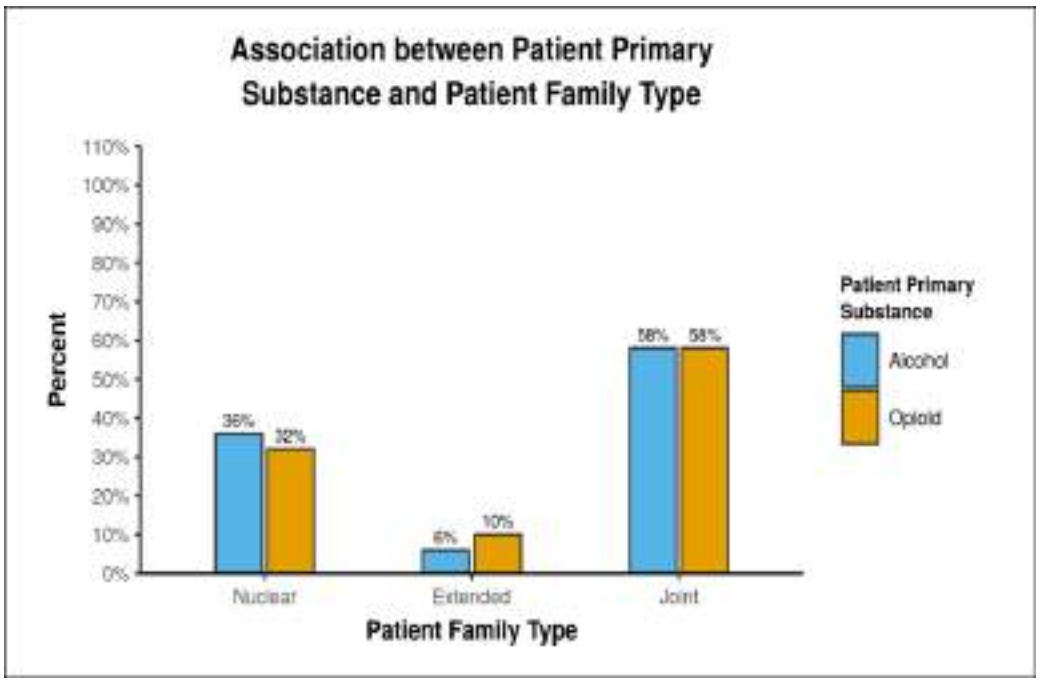

Table 31: Association Between Patient Primary Substance and Patient Type Of Substance Abuse (n = 100)

Patient Type Of Substance Abuse	Patient Primary Substance			Chi-Squared Test	
	Alcohol	Opioid	Total	χ2	P Value
Alcohol	50 (100.0%)	0 (0.0%)	50 (50.0%)	100.000	<0.001
Raw Opium	0 (0.0%)	27 (54.0%)	27 (27.0%)		
Heroin	0 (0.0%)	23 (46.0%)	23 (23.0%)		
Total	50 (100.0%)	50 (100.0%)	100 (100.0%)		

Table 32: Association Between Patient Primary Substance and Patient Type Of Substance Abuse (n = 100) adjusted P value

Patient Type Of Substance Abuse	Adjusted P Values
Alcohol vs. Raw Opium	<0.001
Alcohol vs. Heroin	<0.001
Raw Opium vs. Heroin	1.000

Figure 34: Association Between Patient Primary Substance and Patient Type Of Substance Abuse (n = 100)

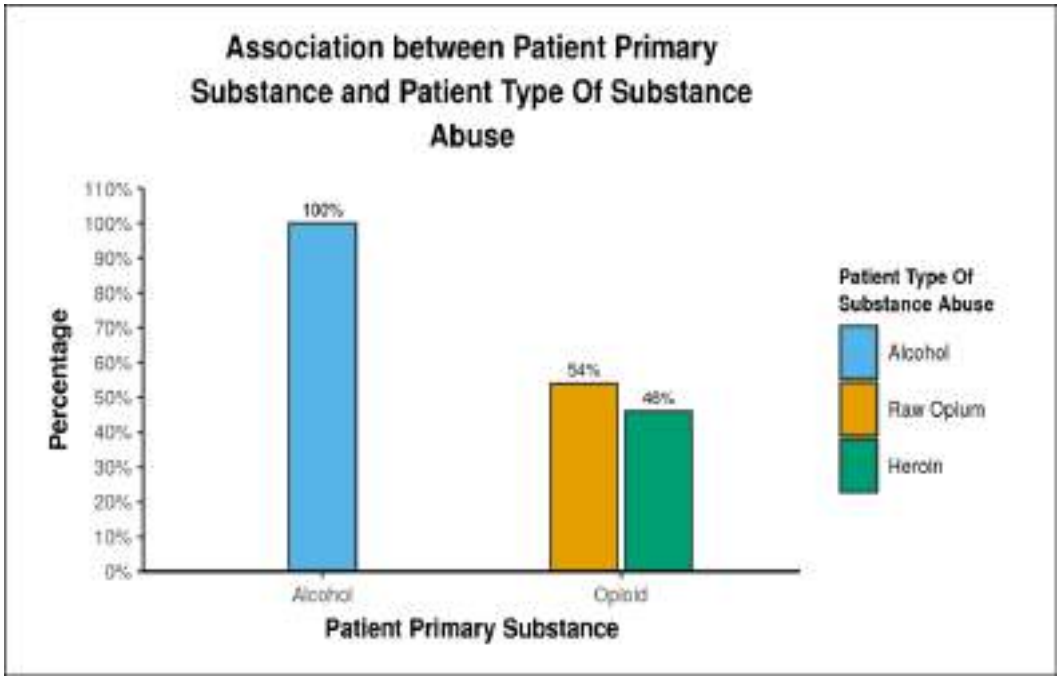

Figure 35: Comparison of Patient Primary Substance and Patient Type Of Substance Abuse (n = 100) between Opioid and Alcohol addicts

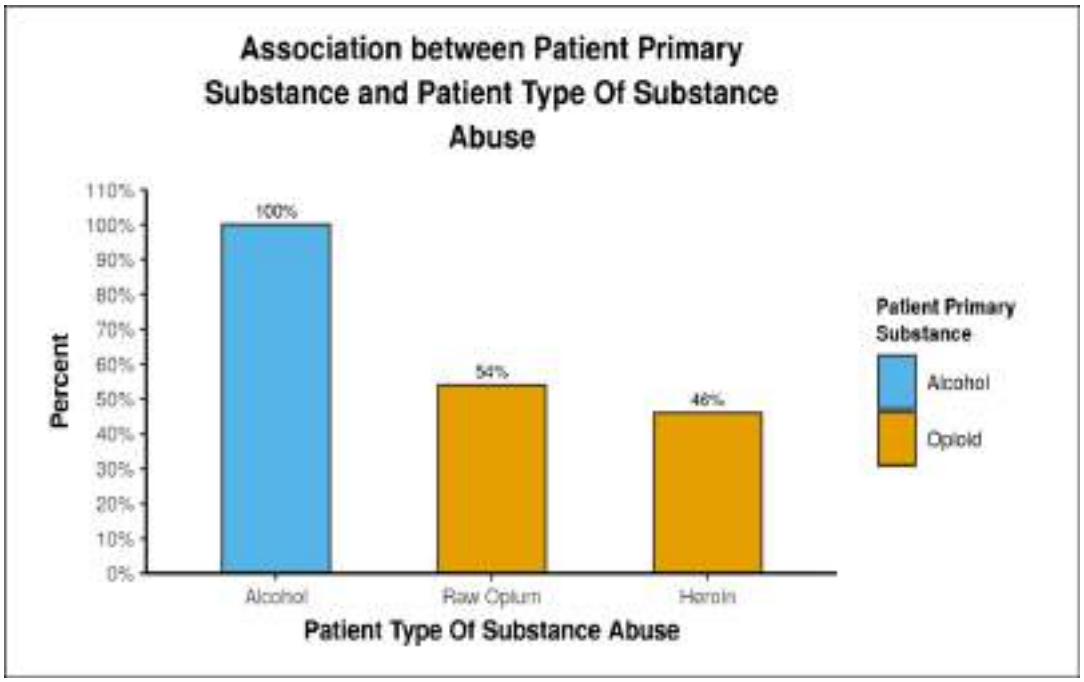

Table 33: Association Between Patient Primary Substance and Patient Duration Of Substance Abuse (n = 100)

Patient Duration Of Substance Abuse	Patient Primary Substance			Fisher's Exact Test	
	Alcohol	Opioid	Total	χ2	P Value
<1 Year	4 (8.0%)	3 (6.0%)	7 (7.0%)	5.944	0.112
1-5 Years	17 (34.0%)	29 (58.0%)	46 (46.0%)		
6-10 Years	11 (22.0%)	6 (12.0%)	17 (17.0%)		
>10 Years	18 (36.0%)	12 (24.0%)	30 (30.0%)		
Total	50 (100.0%)	50 (100.0%)	100 (100.0%)		

Table 34: Association Between Patient Primary Substance and Patient Duration Of Substance Abuse (n = 100) adjusted P value

Patient Duration Of Substance Abuse	Adjusted P Values
<1 Year vs. 1-5 Years	0.831
<1 Year vs. 6-10 Years	1.000
<1 Year vs. >10 Years	1.000
1-5 Years vs. 6-10 Years	0.255
1-5 Years vs. >10 Years	0.255
6-10 Years vs. >10 Years	1.000

Figure 36: Association Between Patient Primary Substance and Patient Duration Of Substance Abuse (n = 100)

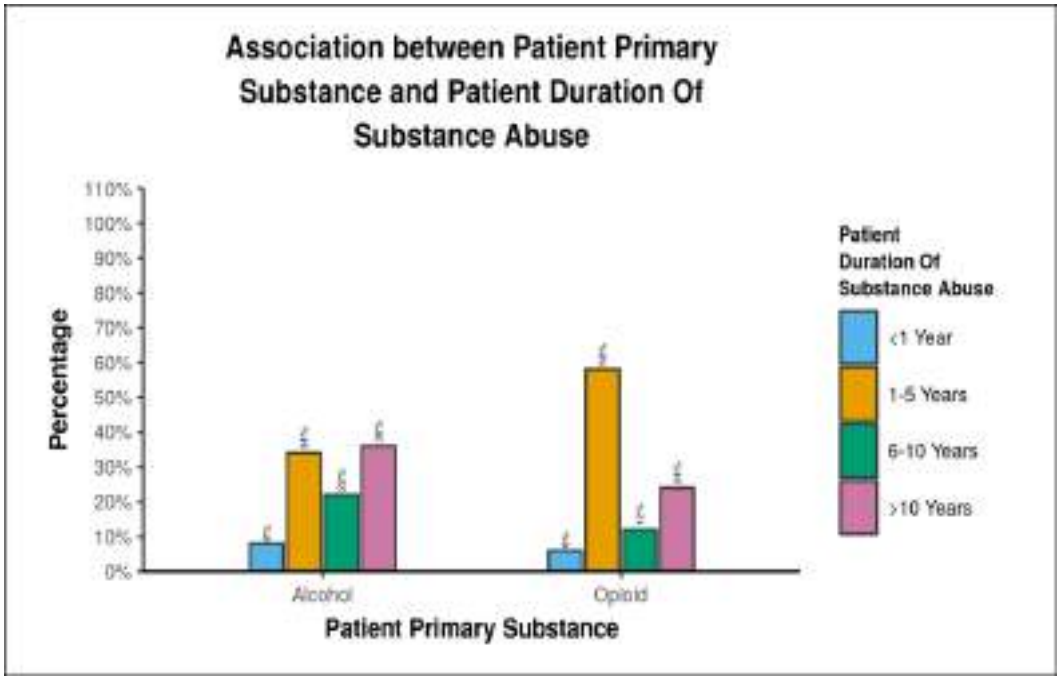

Figure 37: Comparison of Patient Primary Substance and Patient Duration Of Substance Abuse (n = 100) between Opioid and Alcohol addict

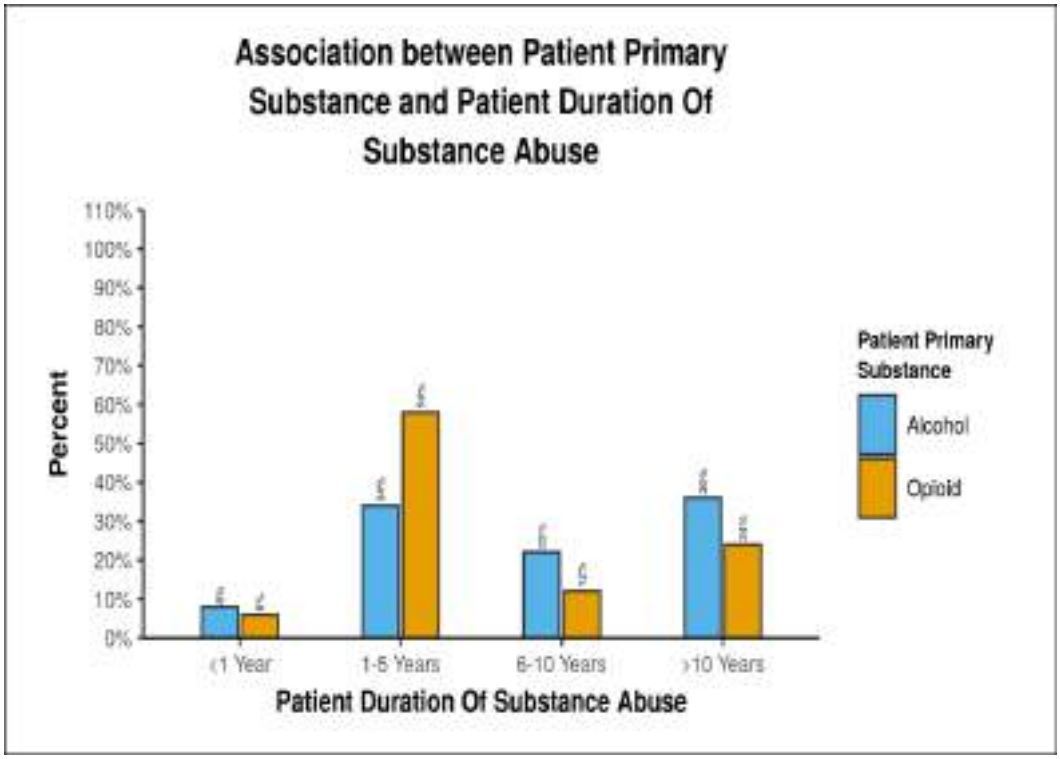

Table 35: Association Between Patient Primary Substance and Subject Age (n = 100)

Subject Age	Patient Primary Substance			Chi-Squared Test	
	Alcohol	Opioid	Total	χ2	P Value
18-25 Years	7 (14.0%)	12 (24.0%)	19 (19.0%)	12.633	0.006
26-35 Years	15 (30.0%)	27 (54.0%)	42 (42.0%)		
36-45 Years	14 (28.0%)	4 (8.0%)	18 (18.0%)		
46-60 Years	14 (28.0%)	7 (14.0%)	21 (21.0%)		
Total	50 (100.0%)	50 (100.0%)	100 (100.0%)		

Table 36: Association Between Patient Primary Substance and Subject Age (n = 100) adjusted P value

Subject Age	Adjusted P Values
18-25 Years vs. 26-35 Years	1.000
18-25 Years vs. 36-45 Years	0.060
18-25 Years vs. 46-60 Years	0.168
26-35 Years vs. 36-45 Years	0.026
26-35 Years vs. 46-60 Years	0.063
36-45 Years vs. 46-60 Years	0.597

Figure 38: Association Between Patient Primary Substance and Subject Age (n = 100)

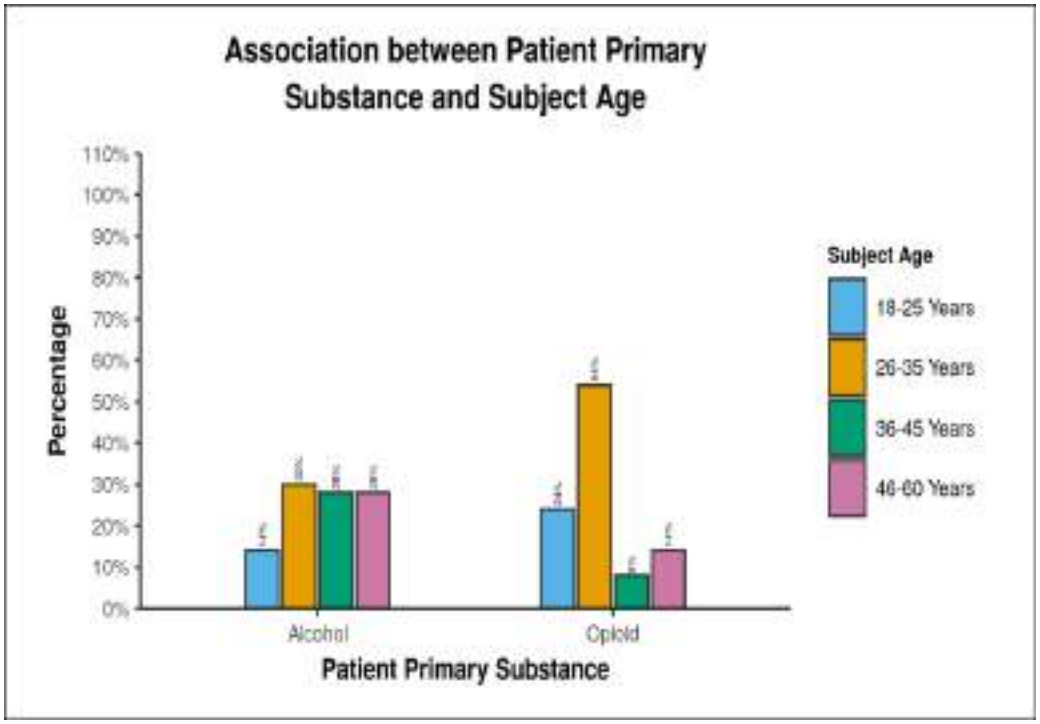

Figure 39: Comparison Of Patient Primary Substance and Subject Age (n = 100) between Opioid and Alcohol addict

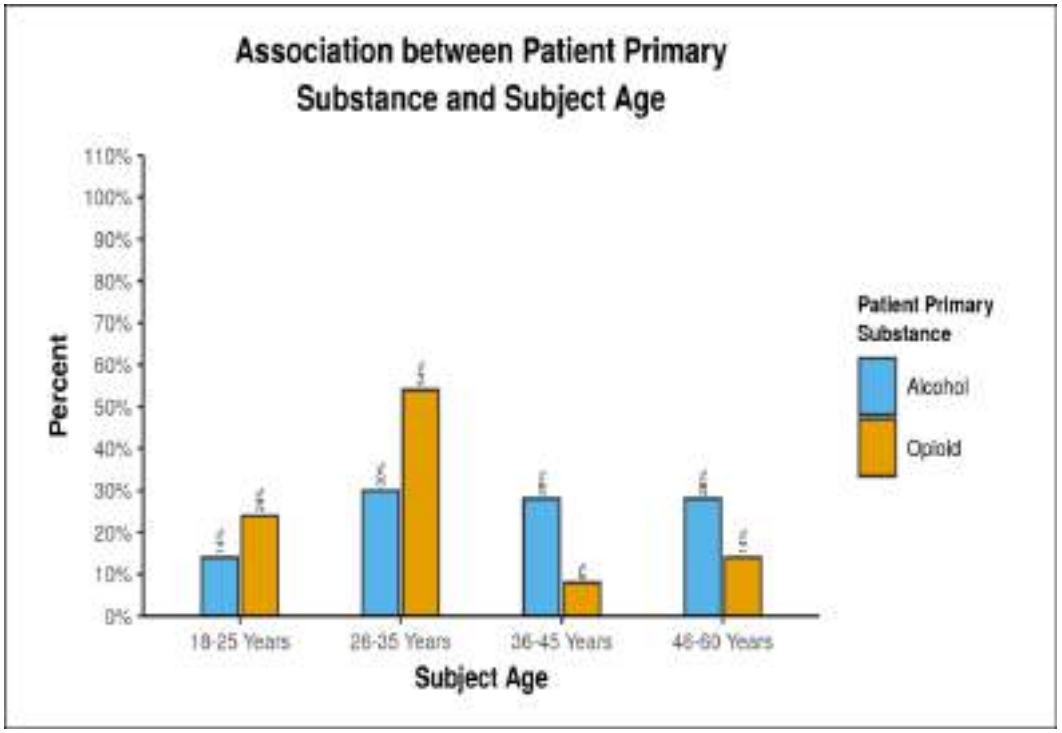

Table 37: Association Between Patient Primary Substance and Subject Education (n = 100)

Subject Education	Patient Primary Substance			Fisher's Exact Test	
	Alcohol	Opioid	Total	χ2	P Value
Illiterate	5 (10.0%)	1 (2.0%)	6 (6.0%)	5.914	0.179
Upto Matric	28 (56.0%)	22 (44.0%)	50 (50.0%)		
Higher Secondary	9 (18.0%)	13 (26.0%)	22 (22.0%)		
Graduate	7 (14.0%)	13 (26.0%)	20 (20.0%)		
Post Graduate	1 (2.0%)	1 (2.0%)	2 (2.0%)		
Total	50 (100.0%)	50 (100.0%)	100 (100.0%)		

Table 38: Association Between Patient Primary Substance and Subject Education (n = 100) adjusted P value

Subject Education	Adjusted P Values
Illiterate vs. Upto Matric	0.767
Illiterate vs. Higher Secondary	0.617
Illiterate vs. Graduate	0.617
Illiterate vs. Post Graduate	0.774
Upto Matric vs. Higher Secondary	0.767
Upto Matric vs. Graduate	0.617
Upto Matric vs. Post Graduate	1.000
Higher Secondary vs. Graduate	1.000
Higher Secondary vs. Post Graduate	1.000
Graduate vs. Post Graduate	1.000

Figure 40: Association Between Patient Primary Substance and Subject Education (n = 100)

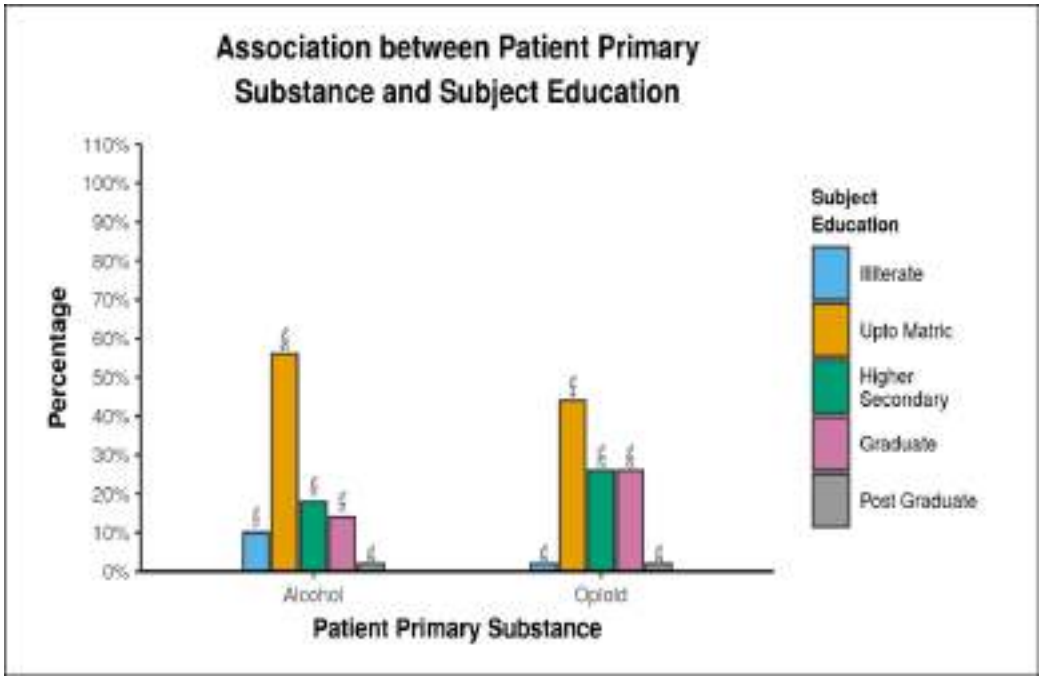

Figure 41: Comparison of Patient Primary Substance and Subject Education (n = 100) between Opioid and Alcohol addict

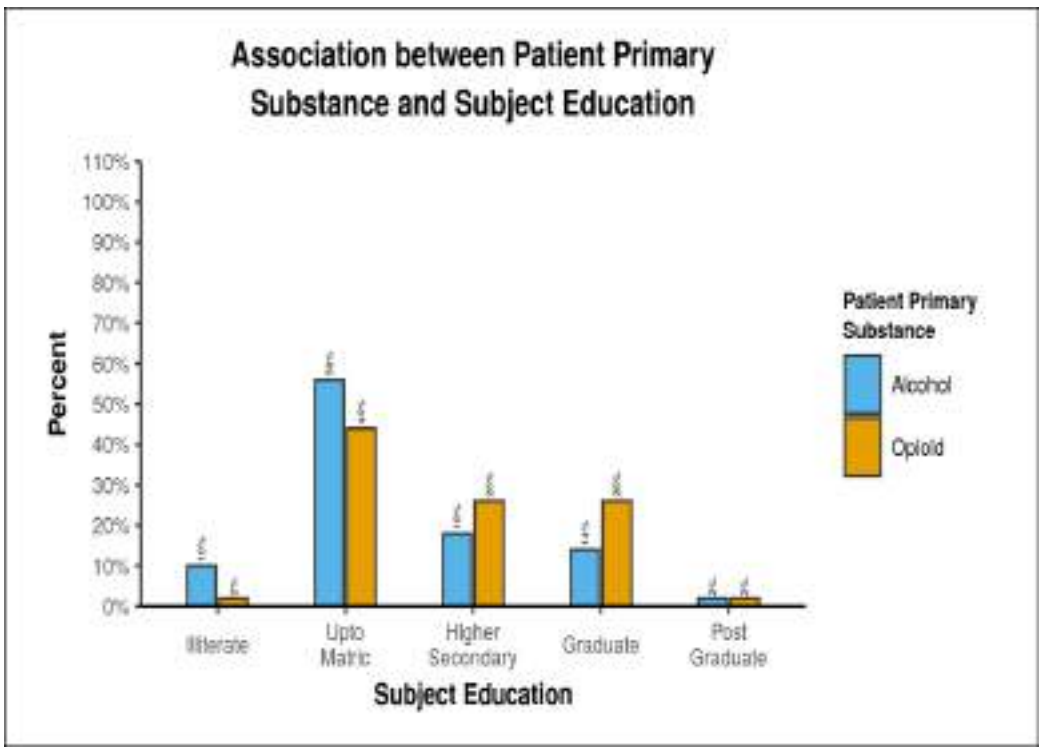

Table 39: Association Between Patient Primary Substance and Subject Occupation (n = 100)

Subject Occupation	Patient Primary Substance			Fisher's Exact Test	
	Alcohol	Opioid	Total	χ2	P Value
Household	39 (78.0%)	34 (68.0%)	73 (73.0%)	2.112	0.578
Semi Skilled	5 (10.0%)	8 (16.0%)	13 (13.0%)		
Skilled	6 (12.0%)	7 (14.0%)	13 (13.0%)		
Farmer	0 (0.0%)	1 (2.0%)	1 (1.0%)		
Total	50 (100.0%)	50 (100.0%)	100 (100.0%)		

Table 40: Association Between Patient Primary Substance and Subject Occupation (n = 100) adjusted P value

Subject Occupation	Adjusted P Values
Household vs. Semi Skilled	1.000
Household vs. Skilled	1.000
Household vs. Farmer	1.000
Semi Skilled vs. Skilled	1.000
Semi Skilled vs. Farmer	1.000
Skilled vs. Farmer	1.000

Figure 42: Association Between Patient Primary Substance and Subject Occupation (n = 100)

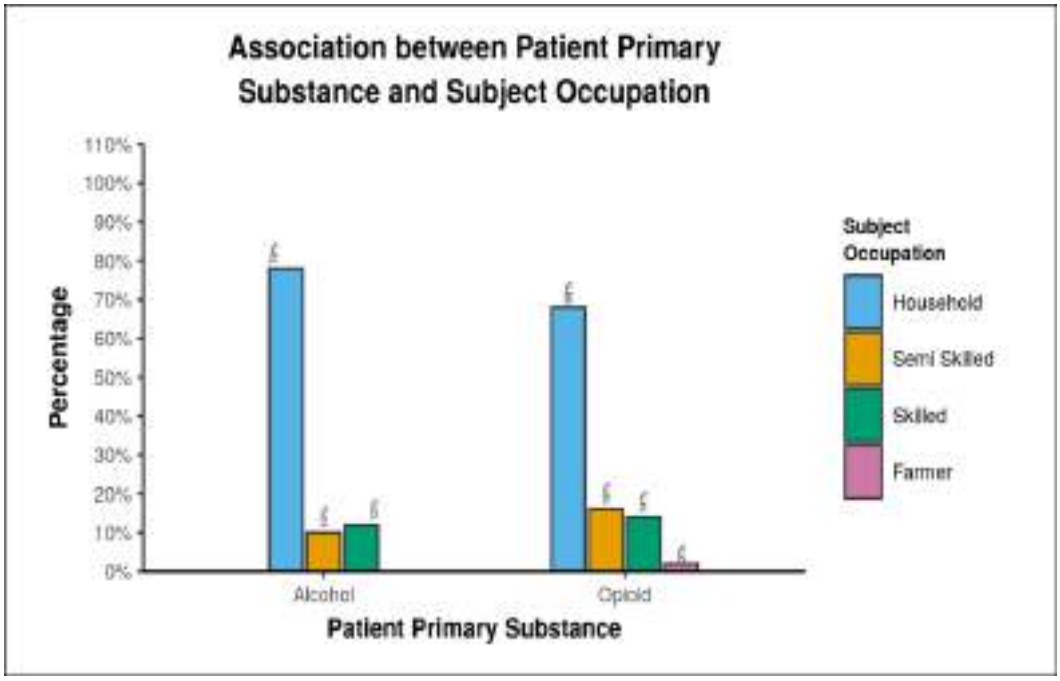

Figure 43: Comparison of Patient Primary Substance and Subject Occupation (n = 100) between Opioid and Alcohol addict

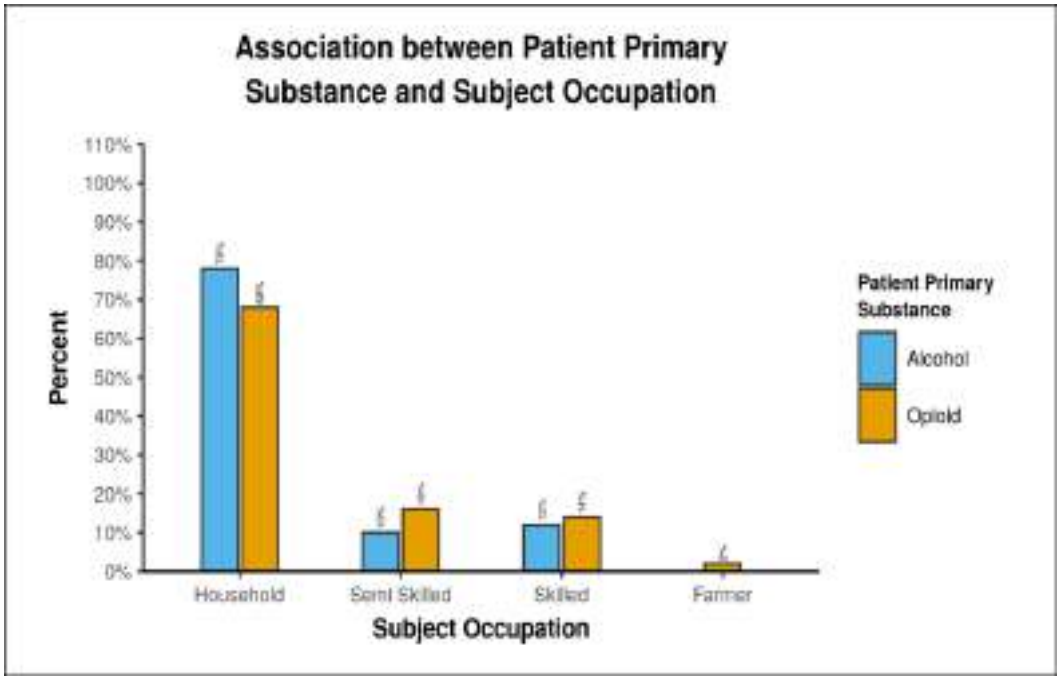

Table 41: Association Between Patient Primary Substance and Subject Family Type (n = 100)

Subject Family Type	Patient Primary Substance			Fisher's Exact Test	
	Alcohol	Opioid	Total	χ2	P Value
Nuclear	18 (36.0%)	18 (36.0%)	36 (36.0%)	0.129	1.000
Extended	5 (10.0%)	4 (8.0%)	9 (9.0%)		
Joint	27 (54.0%)	28 (56.0%)	55 (55.0%)		
Total	50 (100.0%)	50 (100.0%)	100 (100.0%)		

Table 42: Association Between Patient Primary Substance and Subject Family Type (n = 100) adjusted P value

Subject Family Type	Adjusted P Values
Nuclear vs. Extended	1.000
Nuclear vs. Joint	1.000
Extended vs. Joint	1.000

Figure 44: Association Between Patient Primary Substance and Subject Family Type (n = 100)

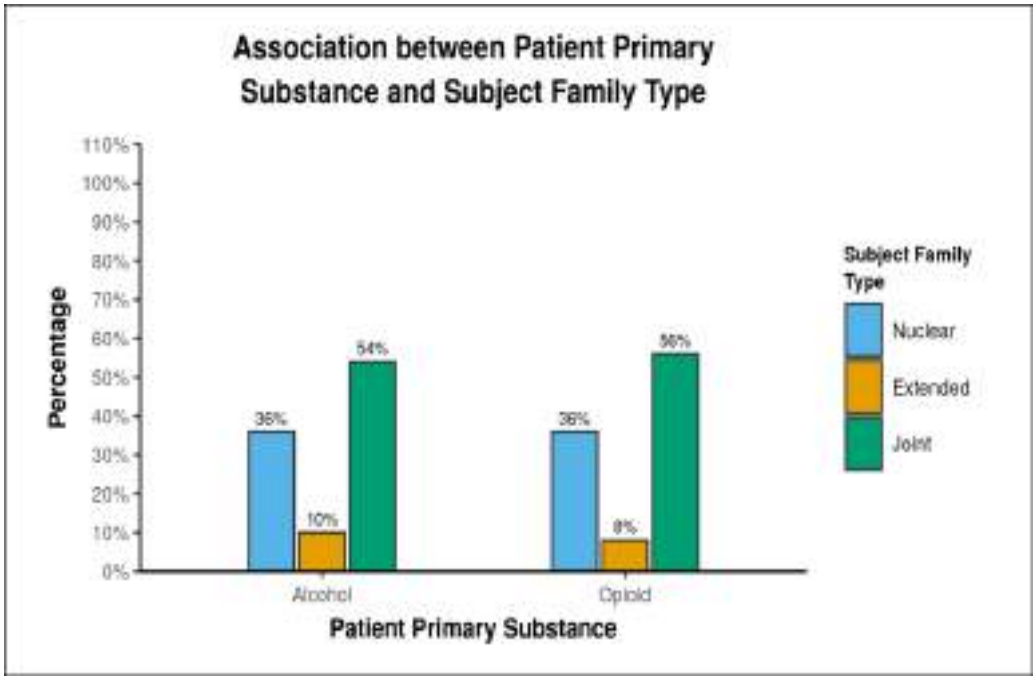

Figure 45: Comparison of Patient Primary Substance and Subject Family Type (n = 100) between Opioid and Alcohol addict

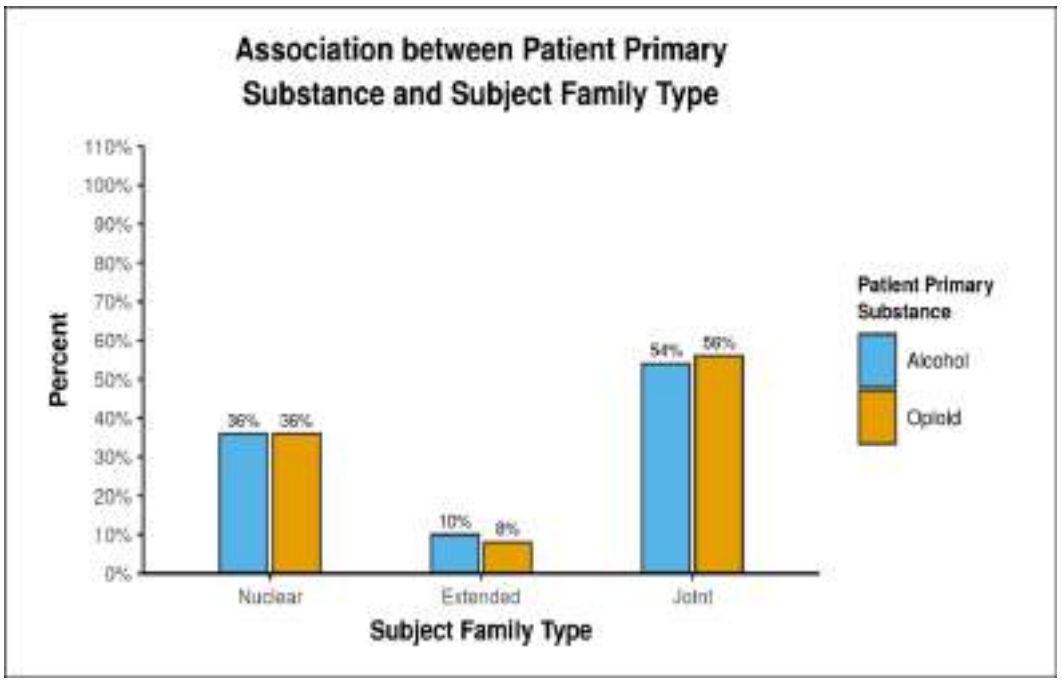

Table 43: Association Between Patient Primary Substance and Subject Type Of Substance Abuse Of Spouse (n = 100)

Subject Type Of Substance Abuse Of Spouse	Patient Primary Substance			Chi-Squared Test	
	Alcohol	Opioid	Total	χ2	P Value
Alcohol	49 (98.0%)	0 (0.0%)	49 (49.0%)	96.286	<0.001
Raw Opium	0 (0.0%)	22 (44.0%)	22 (22.0%)		
Heroin	0 (0.0%)	15 (30.0%)	15 (15.0%)		
Not Known	1 (2.0%)	13 (26.0%)	14 (14.0%)		
Total	50 (100.0%)	50 (100.0%)	100 (100.0%)		

Table 44: Association Between Patient Primary Substance and Subject Type Of Substance Abuse Of Spouse (n = 100) adjusted P value

Subject Type Of Substance Abuse Of Spouse	Adjusted P Values
Alcohol vs. Raw Opium	<0.001
Alcohol vs. Heroin	<0.001
Alcohol vs. Not Known	<0.001
Raw Opium vs. Heroin	1.000
Raw Opium vs. Not Known	0.579
Heroin vs. Not Known	0.579

Figure 46: Association Between Patient Primary Substance and Subject Type Of Substance Abuse Of Spouse (n = 100)

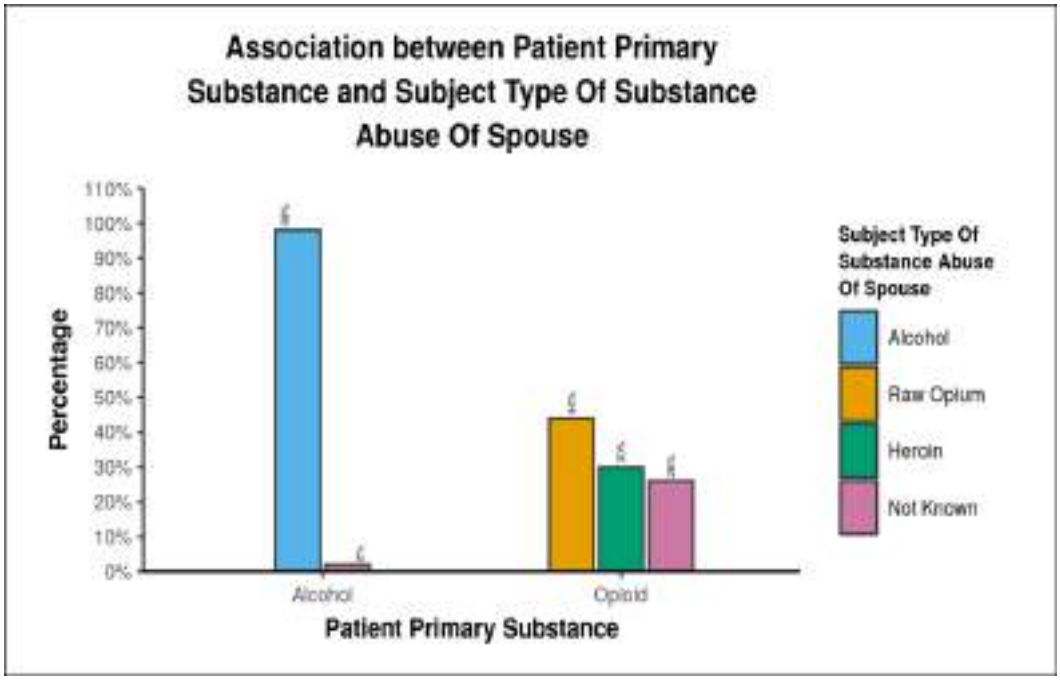

Figure 47: Comparison of Patient Primary Substance and Subject Type Of Substance Abuse Of Spouse (n = 100) between Opioid and Alcohol addict

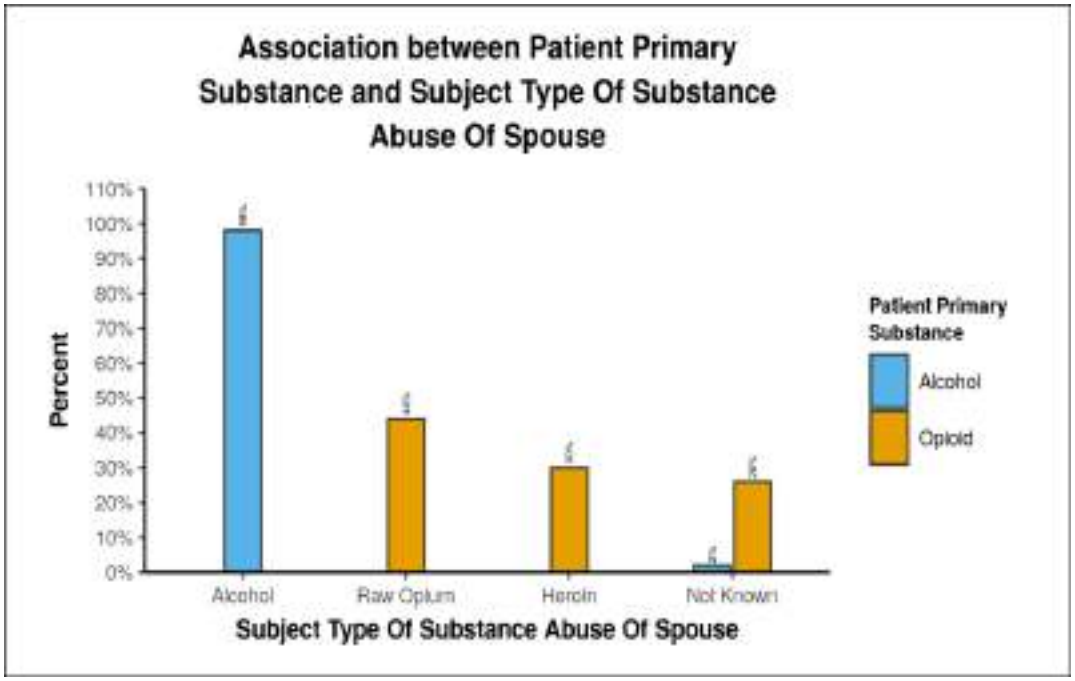

Table 45: Association Between Patient Primary Substance and Subject Duration Of Substance Abuse Of Spouse (n = 100)

Subject Duration Of Substance Abuse Of Spouse	Patient Primary Substance			Chi-Squared Test	
	Alcohol	Opioid	Total	χ2	P Value
<1 Year	5 (10.0%)	8 (16.0%)	13 (13.0%)	5.346	0.148
1-5 Years	22 (44.0%)	28 (56.0%)	50 (50.0%)		
6-10 Years	8 (16.0%)	2 (4.0%)	10 (10.0%)		
>10 Years	15 (30.0%)	12 (24.0%)	27 (27.0%)		
Total	50 (100.0%)	50 (100.0%)	100 (100.0%)		

Table 46: Association Between Patient Primary Substance and Subject Duration Of Substance Abuse Of Spouse (n = 100) adjusted P value

Subject Duration Of Substance Abuse Of Spouse	Adjusted P Values
<1 Year vs. 1-5 Years	0.764
<1 Year vs. 6-10 Years	0.271
<1 Year vs. >10 Years	0.601
1-5 Years vs. 6-10 Years	0.271
1-5 Years vs. >10 Years	0.527
6-10 Years vs. >10 Years	0.521

Figure 48: Association Between Patient Primary Substance and Subject Duration Of Substance Abuse Of Spouse (n = 100)

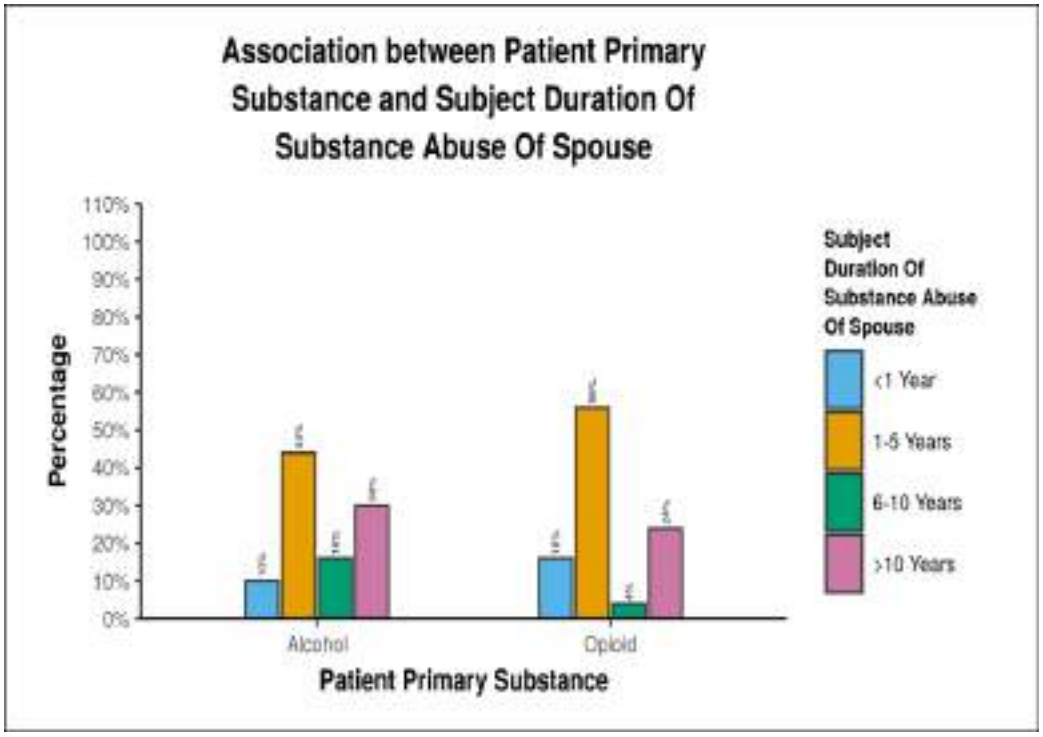

Figure 49: Comparison of Patient Primary Substance and Subject Duration Of Substance Abuse Of Spouse (n = 100) between Opioid and Alcohol addict

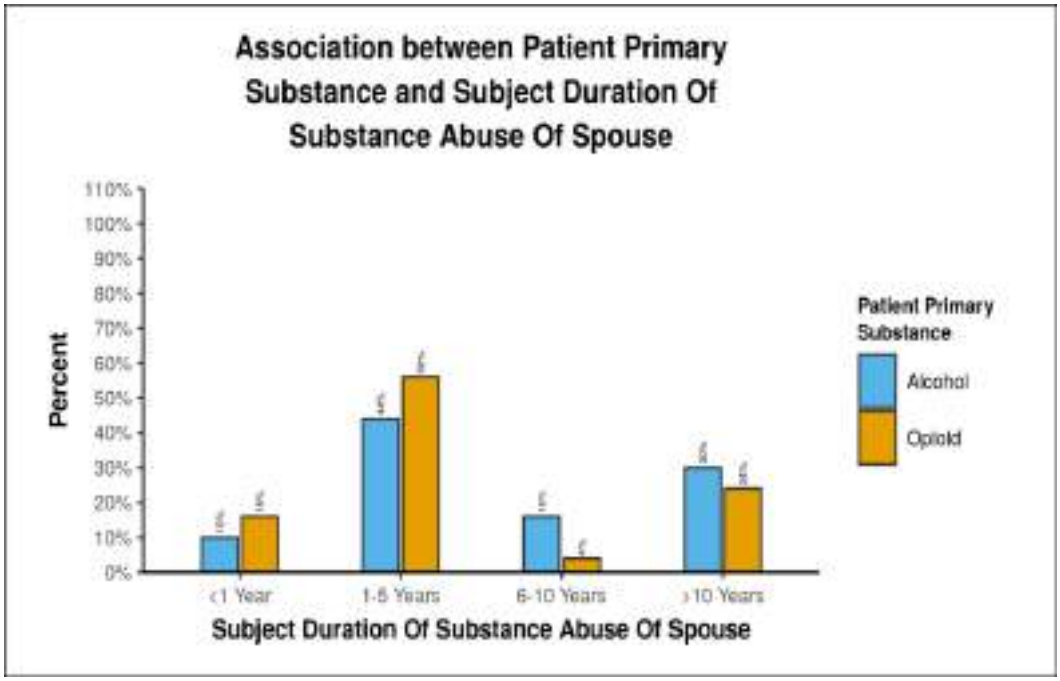

Table 47: Comparison of the 2 Subgroups of the Variable Patient Primary Substance in Terms of Subject CQ Score: Engaged Coping (n = 100)

Subject CQ Score: Engaged Coping	Patient Primary Substance		Wilcoxon-Mann-Whitney U Test	
	Alcohol	Opioid	W	p value
Mean (SD)	30.58 (4.68)	28.12 (7.53)	1528.000	0.051
Median (IQR)	33 (28-33)	29 (22-33)		
Range	18 - 40	3 - 51		

Figure 50: Comparison of the 2 Subgroups of the Variable Patient Primary Substance in Terms of Subject CQ Score: Engaged Coping (n = 100)

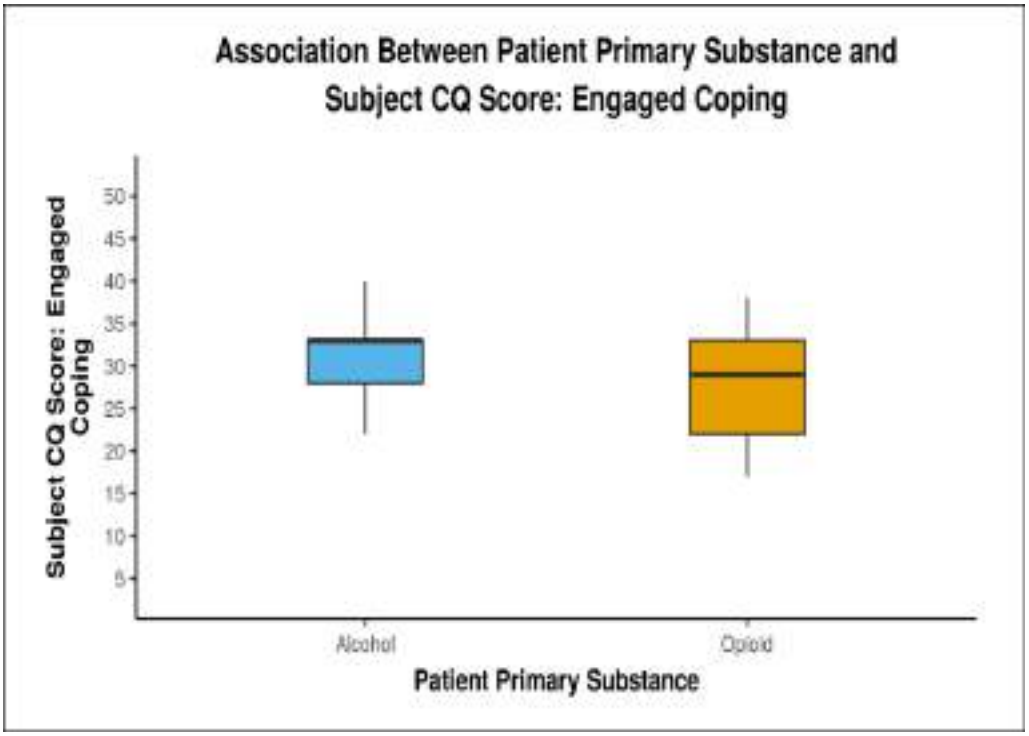

Figure 51: Comparison of the 2 Subgroups of the Variable Patient Primary Substance in Terms of Subject CQ Score: Engaged Coping (n = 100) between Opioid and Alcohol addict

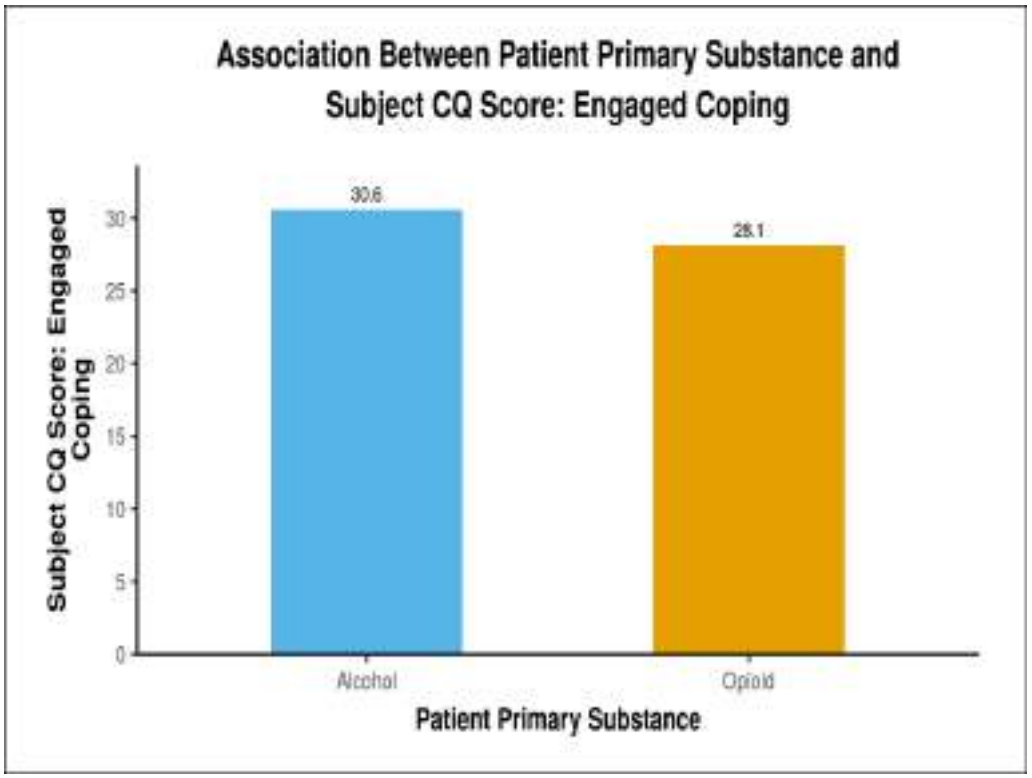

Table 48: Comparison of the 2 Subgroups of the Variable Patient Primary Substance in Terms of Subject CQ Score: Tolerant Coping (n = 100)

Subject CQ Score: Tolerant Coping	Patient Primary Substance		Wilcoxon-Mann-Whitney U Test	
	Alcohol	Opioid	W	p value
Mean (SD)	11.44 (9.70)	14.04 (7.39)	1101.500	0.300
Median (IQR)	17 (1-19)	15.5 (13-18)		
Range	1 - 26	1 - 26		

Figure 52: Comparison of the 2 Subgroups of the Variable Patient Primary Substance in Terms of Subject CQ Score: Tolerant Coping (n = 100)

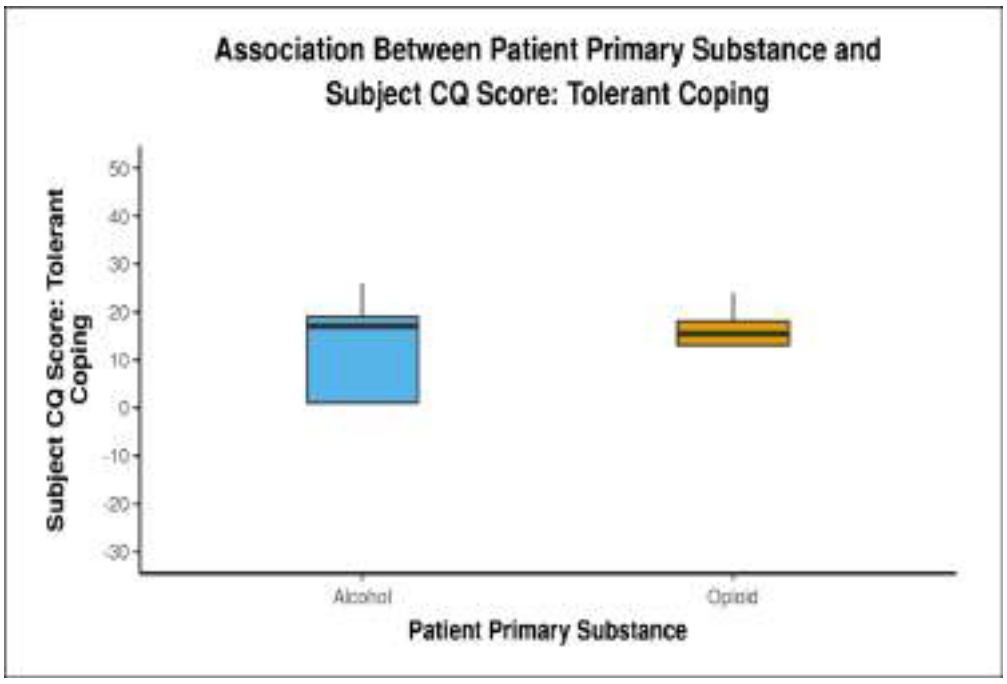

Figure 53: Comparison of the 2 Subgroups of the Variable Patient Primary Substance in Terms of Subject CQ Score: Tolerant Coping (n = 100) between Opioid and Alcohol addict

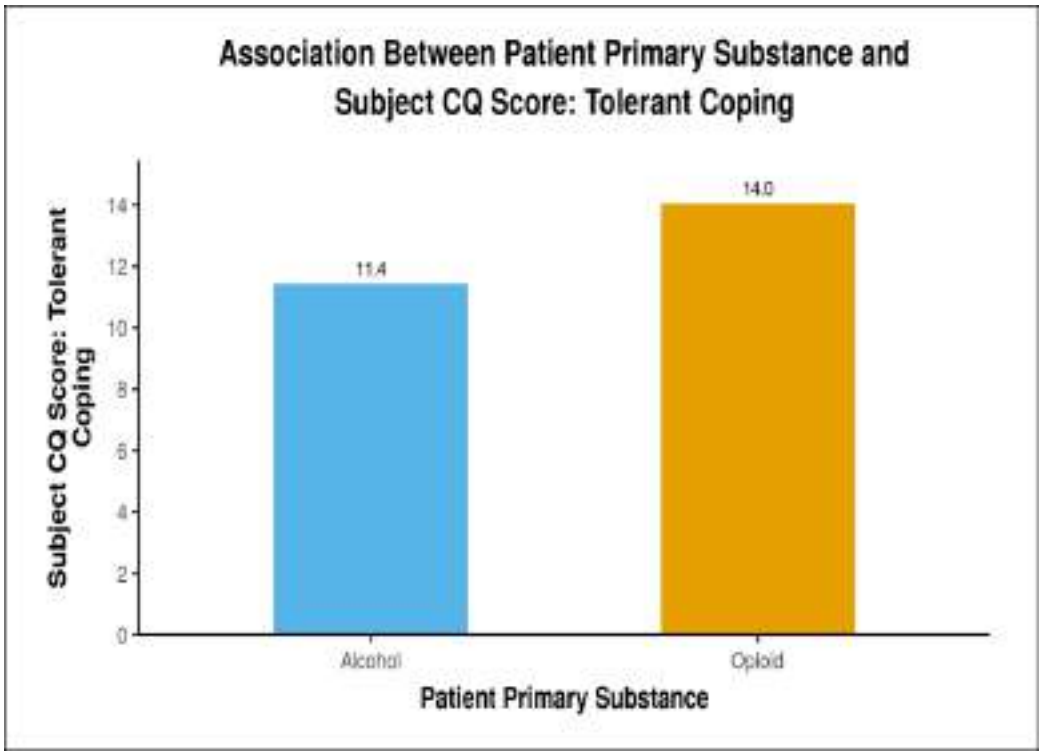

Table 49: Comparison of the 2 Subgroups of the Variable Patient Primary Substance in Terms of Subject CQ Score: Withdrawal Coping (n = 100)

Subject CQ Score: Withdrawal Coping	Patient Primary Substance		Wilcoxon-Mann-Whitney U Test	
	Alcohol	Opioid	W	p value
Mean (SD)	10.48 (3.85)	11.78 (4.13)	976.500	0.055
Median (IQR)	8 (7-14)	13.5 (8-15)		
Range	5 - 18	2 - 18		

Figure 54: Comparison of the 2 Subgroups of the Variable Patient Primary Substance in Terms of Subject CQ Score: Withdrawal Coping (n = 100)

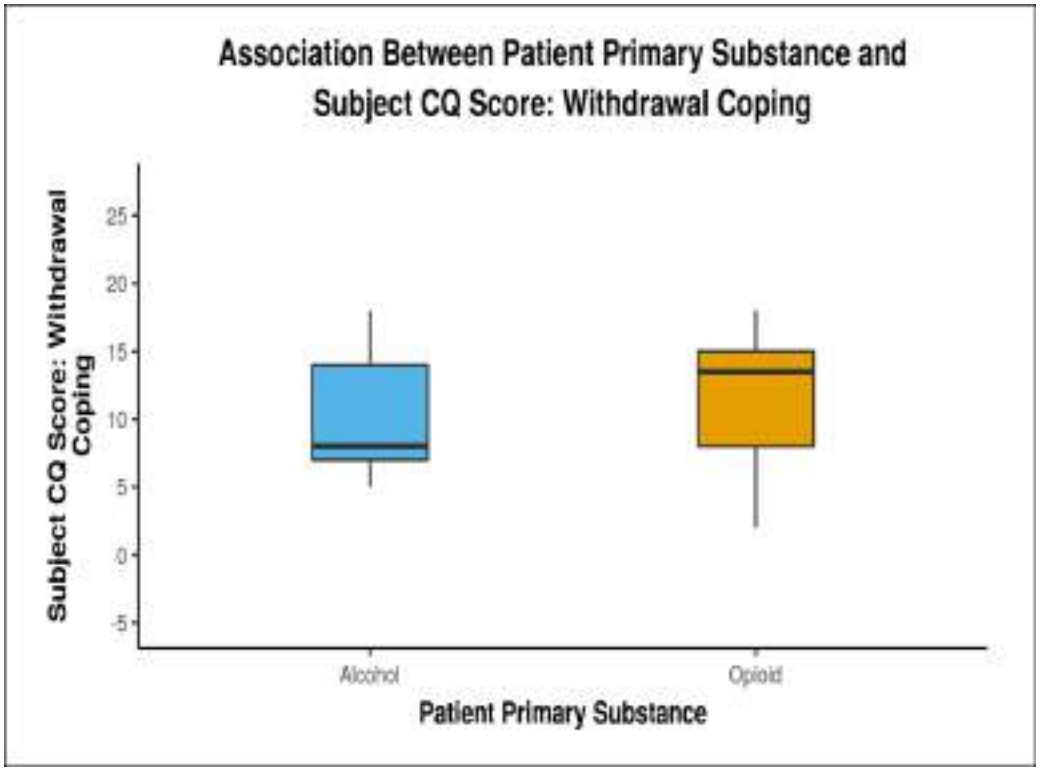

Figure 55: Comparison of the 2 Subgroups of the Variable Patient Primary Substance in Terms of Subject CQ Score: Withdrawal Coping (n = 100) between Opioid and Alcohol addicts

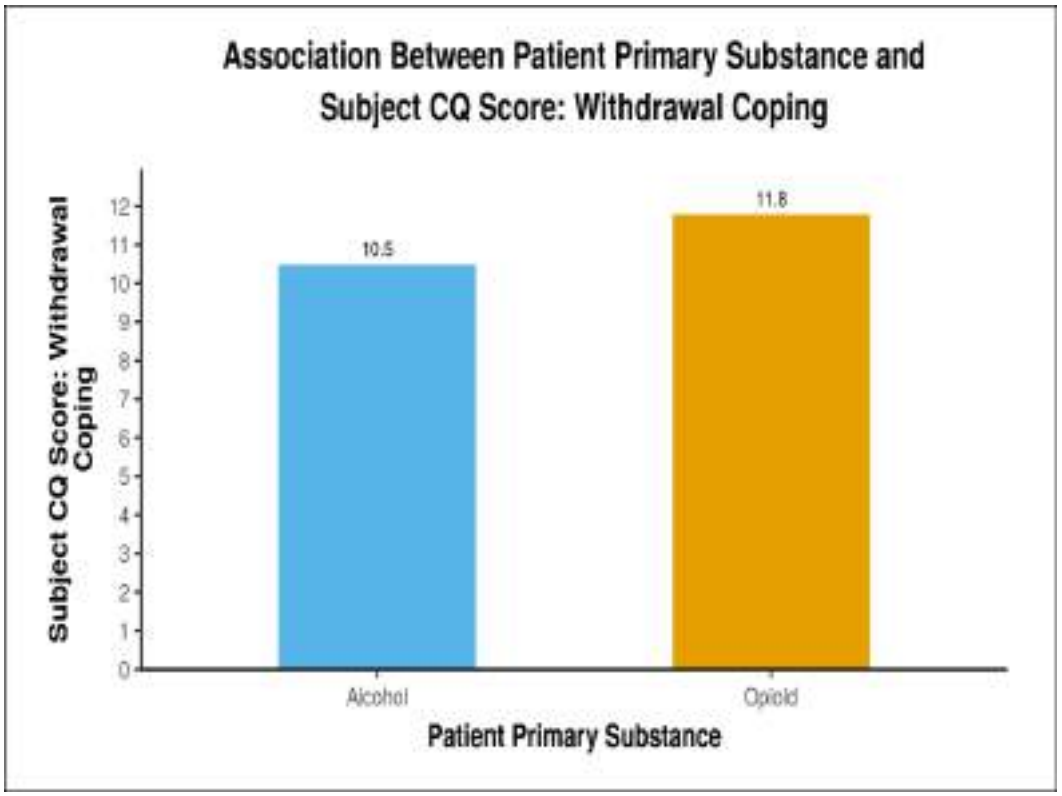

Table 50: Association Between Patient Primary Substance and Subject SFCS Score (n = 100)

Subject SFCS Score	Patient Primary Substance			Chi-Squared Test	
	Alcohol	Opioid	Total	χ2	P Value
Medium (17-52.6)	21 (42.0%)	19 (38.0%)	40 (40.0%)	0.167	0.683
High (>52.6)	29 (58.0%)	31 (62.0%)	60 (60.0%)		
Total	50 (100.0%)	50 (100.0%)	100 (100.0%)		

Figure 56: Association Between Patient Primary Substance and Subject SFCS Score (n = 100)

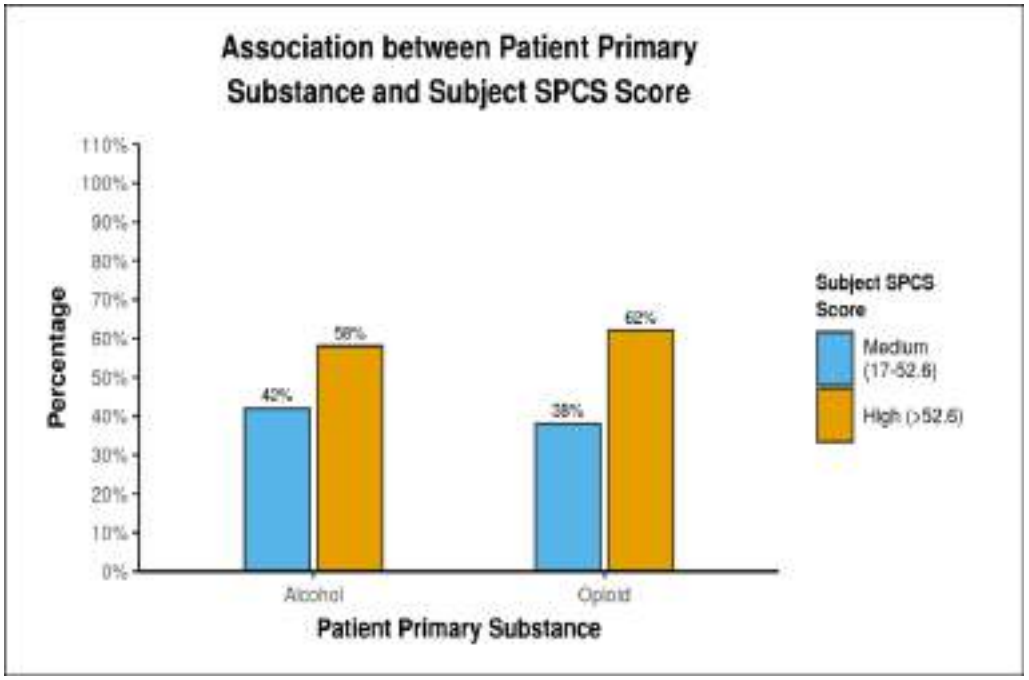

Figure 57: Comparison Of Patient Primary Substance and Subject SFCS Score (n = 100) between Opioid and Alcohol addicts

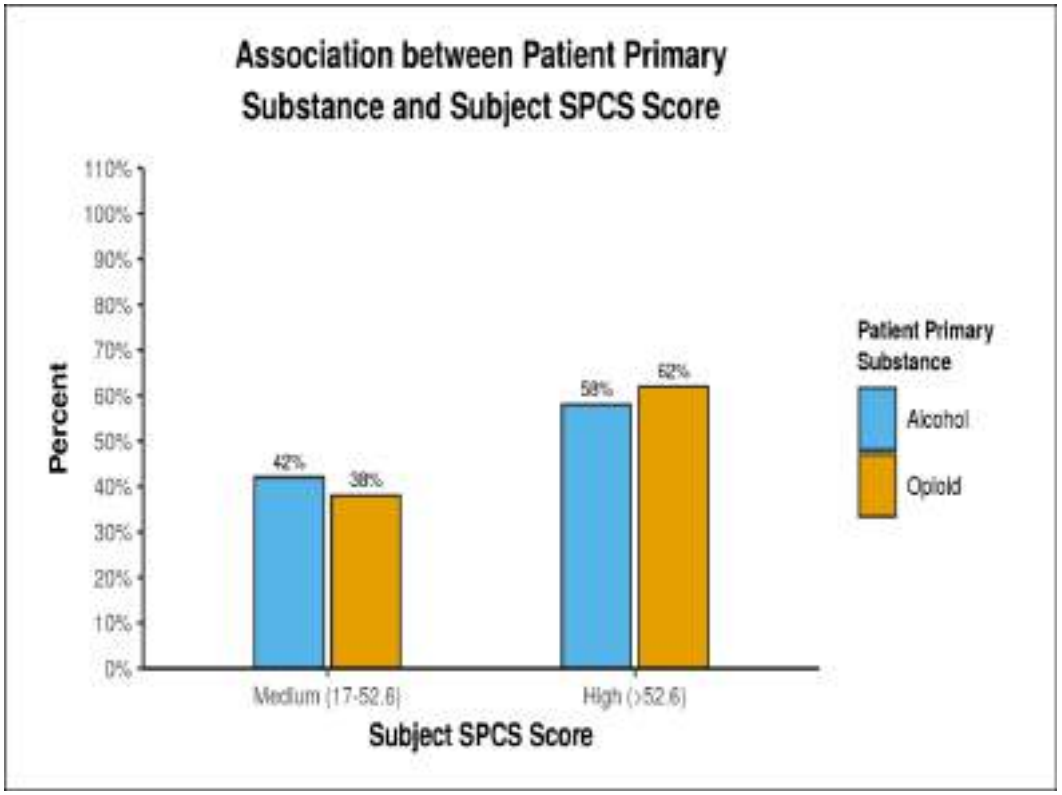

Table 51: Association and Comparison between Patient Primary Substance and Proforma for Severity Of Addiction and Coping Questionnaire Parameters

Parameters	Patient Primary Substance		p value
	Alcohol (n = 50)	Opioid (n = 50)	
Number of Times Admitted for Medical Problems			0.069[2]
Never	14 (28.0%)	19 (38.0%)	
1-5 Times	22 (44.0%)	26 (52.0%)	
>5 Times	14 (28.0%)	5 (10.0%)	
How Troubled/Bothered by Medical Problems			0.280[2]
Mild	12 (24.0%)	19 (38.0%)	
Moderate	21 (42.0%)	19 (38.0%)	
Severe	17 (34.0%)	12 (24.0%)	
Is Treatment for Medical Problems Important Now (Yes)	32 (65.3%)	39 (78.0%)	0.161[2]
Education Completed			0.344[1]
Illiterate	2 (4.1%)	1 (2.0%)	
Upto Matric	33 (67.3%)	26 (52.0%)	
Graduate	12 (24.5%)	19 (38.0%)	
Post Graduate	2 (4.1%)	4 (8.0%)	
Someone Contributes To Support (Yes)	10 (20.0%)	9 (18.0%)	0.799[2]
Support Constitutes The Majority Of Your Support (Yes)	13 (26.0%)	8 (16.0%)	0.220[2]
How Troubled/Bothered By Employment Problem			0.527[2]
Mild	10 (20.0%)	14 (28.0%)	
Moderate	25 (50.0%)	25 (50.0%)	
Severe	15 (30.0%)	11 (22.0%)	
Which Substance Major Problem* **			<0.001[2]
Alcohol	49 (98.0%)	0 (0.0%)	
Raw Opium	1 (2.0%)	27 (54.0%)	
Heroin	0 (0.0%)	23 (46.0%)	
How Many Times Overdosed* **			0.006[2]
Never	13 (26.0%)	26 (52.0%)	
1-5 Times	21 (42.0%)	19 (38.0%)	

Parameters	Patient Primary Substance		p value
	Alcohol (n = 50)	Opioid (n = 50)	
>5 Times	16 (32.0%)	5 (10.0%)	
How Many Times Treated For Drug Problem* **			0.014[2]
Never	10 (20.0%)	13 (26.0%)	
1-5 Times	26 (52.0%)	34 (68.0%)	
>5 Times	14 (28.0%)	3 (6.0%)	
Ever Been Arrested* **			<0.001[2]
Never	19 (38.0%)	36 (72.0%)	
1-5 Times	20 (40.0%)	14 (28.0%)	
>5 Times	11 (22.0%)	0 (0.0%)	
Blood Relatives Ever Been On Drugs (Yes)	18 (36.0%)	16 (32.0%)	0.673[2]
Relations With Loved Ones			0.068[2]
Good	9 (18.0%)	17 (34.0%)	
Not Good	41 (82.0%)	33 (66.0%)	
Psychiatric Comorbidity (Yes)	26 (52.0%)	27 (54.0%)	0.841[2]
Engaged Coping: Refused Money* **			<0.001[1]
No	27 (54.0%)	10 (20.0%)	
Once Or Twice	2 (4.0%)	5 (10.0%)	
Sometimes	17 (34.0%)	5 (10.0%)	
Often	4 (8.0%)	30 (60.0%)	
Engaged Coping: Talked About* **			<0.001[1]
No	0 (0.0%)	11 (22.0%)	
Once Or Twice	3 (6.0%)	3 (6.0%)	
Sometimes	2 (4.0%)	26 (52.0%)	
Often	45 (90.0%)	10 (20.0%)	
Engaged Coping: Argued			0.501[1]
No	2 (4.0%)	3 (6.0%)	
Once Or Twice	2 (4.0%)	6 (12.0%)	
Sometimes	8 (16.0%)	8 (16.0%)	
Often	38 (76.0%)	33 (66.0%)	
Engaged Coping: Pleaded			0.877[1]
No	1 (2.0%)	0 (0.0%)	
Once Or Twice	3 (6.0%)	2 (4.0%)	
Sometimes	2 (4.0%)	2 (4.0%)	
Often	44 (88.0%)	46 (92.0%)	
Engaged Coping: Upset			0.675[1]
Once Or Twice	2 (4.0%)	0 (0.0%)	

Parameters	Patient Primary Substance		p value
	Alcohol (n = 50)	Opioid (n = 50)	
Sometimes	6 (12.0%)	6 (12.0%)	
Often	42 (84.0%)	44 (88.0%)	
Engaged Coping: Rules & Regulations			0.067[2]
No	10 (20.0%)	9 (18.0%)	
Once Or Twice	5 (10.0%)	6 (12.0%)	
Sometimes	5 (10.0%)	15 (30.0%)	
Often	30 (60.0%)	20 (40.0%)	
Engaged Coping: Oath* **			<0.001[1]
No	7 (14.0%)	0 (0.0%)	
Once Or Twice	3 (6.0%)	2 (4.0%)	
Sometimes	17 (34.0%)	3 (6.0%)	
Often	23 (46.0%)	45 (90.0%)	
Engaged Coping: Moody* **			<0.001[1]
No	7 (14.0%)	0 (0.0%)	
Once Or Twice	8 (16.0%)	4 (8.0%)	
Sometimes	15 (30.0%)	5 (10.0%)	
Often	20 (40.0%)	41 (82.0%)	
Engaged Coping: Checked Up* **			<0.001[1]
No	33 (66.0%)	0 (0.0%)	
Once Or Twice	1 (2.0%)	3 (6.0%)	
Sometimes	10 (20.0%)	31 (62.0%)	
Often	6 (12.0%)	16 (32.0%)	
Engaged Coping: Wont Accept Reasons* **			<0.001[1]
No	12 (24.0%)	1 (2.0%)	
Once Or Twice	9 (18.0%)	3 (6.0%)	
Sometimes	1 (2.0%)	8 (16.0%)	
Often	28 (56.0%)	38 (76.0%)	
Engaged Coping: Family Contribution			0.930[1]
No	2 (4.0%)	1 (2.0%)	
Once Or Twice	2 (4.0%)	1 (2.0%)	
Sometimes	6 (12.0%)	6 (12.0%)	
Often	40 (80.0%)	42 (84.0%)	
Engaged Coping: Accused* **			<0.001[1]
No	12 (24.0%)	0 (0.0%)	
Once Or Twice	8 (16.0%)	1 (2.0%)	
Sometimes	20 (40.0%)	12 (24.0%)	

Parameters	Patient Primary Substance		p value
	Alcohol (n = 50)	Opioid (n = 50)	
Often	10 (20.0%)	37 (74.0%)	
Engaged Coping: Sort Out			0.455[1]
No	1 (2.0%)	3 (6.0%)	
Once Or Twice	1 (2.0%)	3 (6.0%)	
Sometimes	12 (24.0%)	14 (28.0%)	
Often	36 (72.0%)	30 (60.0%)	
Engaged Coping: Searched			0.201[2]
No	10 (20.0%)	4 (8.0%)	
Once Or Twice	6 (12.0%)	6 (12.0%)	
Sometimes	19 (38.0%)	28 (56.0%)	
Often	15 (30.0%)	12 (24.0%)	
Tolerant Coping: Put Yourself* **			0.001[1]
No	2 (4.0%)	2 (4.0%)	
Once Or Twice	22 (44.0%)	8 (16.0%)	
Sometimes	4 (8.0%)	17 (34.0%)	
Often	22 (44.0%)	23 (46.0%)	
Tolerant Coping: Given Money* **			0.015[1]
No	43 (86.0%)	31 (62.0%)	
Once Or Twice	1 (2.0%)	8 (16.0%)	
Sometimes	4 (8.0%)	4 (8.0%)	
Often	2 (4.0%)	7 (14.0%)	
Tolerant Coping: Felt Frightened* **			<0.001[2]
No	29 (58.0%)	4 (8.0%)	
Once Or Twice	11 (22.0%)	11 (22.0%)	
Sometimes	8 (16.0%)	14 (28.0%)	
Often	2 (4.0%)	21 (42.0%)	
Tolerant Coping: Felt Hopeless* **			<0.001[2]
No	16 (32.0%)	3 (6.0%)	
Once Or Twice	28 (56.0%)	8 (16.0%)	
Sometimes	5 (10.0%)	11 (22.0%)	
Often	1 (2.0%)	28 (56.0%)	
Tolerant Coping: Give Threats* **			<0.001[2]
No	31 (62.0%)	2 (4.0%)	
Once Or Twice	3 (6.0%)	8 (16.0%)	
Sometimes	14 (28.0%)	26 (52.0%)	
Often	2 (4.0%)	14 (28.0%)	

Parameters	Patient Primary Substance		p value
	Alcohol (n = 50)	Opioid (n = 50)	
Tolerant Coping: Indecisive			0.077[2]
No	32 (64.0%)	26 (52.0%)	
Once Or Twice	4 (8.0%)	14 (28.0%)	
Sometimes	7 (14.0%)	5 (10.0%)	
Often	7 (14.0%)	5 (10.0%)	
Tolerant Coping: Unchangeable* **			<0.001[2]
No	36 (72.0%)	4 (8.0%)	
Once Or Twice	7 (14.0%)	6 (12.0%)	
Sometimes	4 (8.0%)	8 (16.0%)	
Often	3 (6.0%)	32 (64.0%)	
Tolerant Coping: Made Excuses			0.535[1]
No	28 (56.0%)	23 (46.0%)	
Once Or Twice	12 (24.0%)	17 (34.0%)	
Sometimes	8 (16.0%)	6 (12.0%)	
Often	2 (4.0%)	4 (8.0%)	
Tolerant Coping: Things Normal* **			0.024[2]
No	24 (48.0%)	31 (62.0%)	
Once Or Twice	10 (20.0%)	8 (16.0%)	
Sometimes	6 (12.0%)	10 (20.0%)	
Often	10 (20.0%)	1 (2.0%)	
Withdrawal Coping: Put Interest			0.145[2]
No	11 (22.0%)	3 (6.0%)	
Once Or Twice	22 (44.0%)	26 (52.0%)	
Sometimes	9 (18.0%)	12 (24.0%)	
Often	8 (16.0%)	9 (18.0%)	
Withdrawal Coping: Left Alone* **			0.012[2]
No	28 (56.0%)	12 (24.0%)	
Once Or Twice	11 (22.0%)	21 (42.0%)	
Sometimes	5 (10.0%)	9 (18.0%)	
Often	6 (12.0%)	8 (16.0%)	
Withdrawal Coping: New Interest* **			<0.001[2]
No	41 (82.0%)	8 (16.0%)	
Once Or Twice	3 (6.0%)	16 (32.0%)	
Sometimes	3 (6.0%)	8 (16.0%)	
Often	3 (6.0%)	18 (36.0%)	

Parameters	Patient Primary Substance		p value
	Alcohol (n = 50)	Opioid (n = 50)	
Withdrawal Coping: Avoided Him* **			<0.001[2]
No	26 (52.0%)	2 (4.0%)	
Once Or Twice	15 (30.0%)	8 (16.0%)	
Sometimes	6 (12.0%)	17 (34.0%)	
Often	3 (6.0%)	23 (46.0%)	
Withdrawal Coping: Got On With			0.632[2]
No	6 (12.0%)	6 (12.0%)	
Once Or Twice	7 (14.0%)	6 (12.0%)	
Sometimes	20 (40.0%)	26 (52.0%)	
Often	17 (34.0%)	12 (24.0%)	
Withdrawal Coping: Stood With Him* **			<0.001[1]
No	5 (10.0%)	2 (4.0%)	
Once Or Twice	23 (46.0%)	7 (14.0%)	
Sometimes	14 (28.0%)	29 (58.0%)	
Often	8 (16.0%)	12 (24.0%)	
Withdrawal Coping: Put Yourself* **			0.049[1]
No	36 (72.0%)	28 (56.0%)	
Once Or Twice	12 (24.0%)	11 (22.0%)	
Sometimes	1 (2.0%)	8 (16.0%)	
Often	1 (2.0%)	3 (6.0%)	

****Significant at p<0.05, 1: Fisher's Exact Test, 2: Chi-Squared Test, 3: Wilcoxon-Mann-Whitney U Test*

RESULTS

TABLE 1 and FIGURE 1 shows distribution of participants in terms of patient age.

9.0% of the participants had Patient Age: 18-25 Years. 42.0% of the participants had Patient Age: 26-35 Years. 25.0% of the participants had Patient Age: 36-45 Years. 24.0% of the participants had Patient Age: 46-60 Years.

TABLE 2 and FIGURE 2 shows distribution of participants in terms of patient gender.

100.0% of the participants had Patient Gender: Male.

TABLE 3 and FIGURE 3 shows distribution of participants in terms of patient education.

4.0% of the participants had Patient Education: Illiterate. 39.0% of the participants had Patient Education: Upto Matric. 30.0% of the participants had Patient Education: Higher Secondary. 24.0% of the participants had Patient Education: Graduate. 3.0% of the participants had Patient Education: Post Graduate.

TABLE 4 and FIGURE 4 shows distribution of participants in terms of patient occupation.

34.0% of the participants had Patient Occupation: Semi Skilled. 26.0% of the participants had Patient Occupation: Skilled. 21.0% of the participants had Patient Occupation: Farmer. 14.0% of the participants had Patient Occupation: Businessman. 4.0% of the participants had Patient Occupation: Shop Owner. 1.0% of the participants had Patient Occupation: Household.

TABLE 5 and FIGURE 5 shows distribution of participants in terms of patient family type.

34.0% of the participants had Patient Family Type: Nuclear. 8.0% of the participants had Patient Family Type: Extended. 58.0% of the participants had Patient Family Type: Joint.

TABLE 6 and FIGURE 6 shows distribution of participants in terms of patient type of substance abuse.

50.0% of the participants had Patient Type Of Substance Abuse: Alcohol. 27.0% of the participants had Patient Type Of Substance Abuse: Raw Opium. 23.0% of the participants had Patient Type Of Substance Abuse: Heroin.

TABLE 7 and FIGURE 7 shows distribution of participants in terms of patient primary substance

50.0% of the participants had Patient Primary Substance: Alcohol. 50.0% of the participants had Patient Primary Substance: Opioid.

TABLE 8 and FIGURE 8 shows distribution of participants in terms of patient duration of substance abuse

7.0% of the participants had Patient Duration Of Substance Abuse: <1 Year. 46.0% of the participants had Patient Duration Of Substance Abuse: 1-5 Years. 17.0% of the participants had Patient Duration Of Substance Abuse: 6-10 Years. 30.0% of the participants had Patient Duration Of Substance Abuse: >10 Years.

TABLE 9 and FIGURE 9 shows distribution of participants in terms of subject age.

19.0% of the participants had Subject Age: 18-25 Years. 42.0% of the participants had Subject Age: 26-35 Years. 18.0% of the participants had Subject Age: 36-45 Years. 21.0% of the participants had Subject Age: 46-60 Years.

TABLE 10 and FIGURE 10 shows distribution of participants in terms of Subject Gender

100.0% of the participants had Subject Gender: Female.

TABLE 11 and FIGURE 11 shows distribution of participants in terms of Subject Education.

6.0% of the participants had Subject Education: Illiterate. 50.0% of the participants had Subject Education: Upto Matric. 22.0% of the participants had Subject Education: Higher Secondary. 20.0% of the participants had Subject Education: Graduate. 2.0% of the participants had Subject Education: Post Graduate.

TABLE 12 and FIGURE 12 shows distribution of participants in terms of Subject Occupation

73.0% of the participants had Subject Occupation: Household. 13.0% of the participants had Subject Occupation: Semi Skilled. 13.0% of the participants had Subject Occupation: Skilled. 1.0% of the participants had Subject Occupation: Farmer.

TABLE 13 and FIGURE 13 shows distribution of participants in terms of Subject Type Of Substance Abuse Of Spouse

49.0% of the participants had Subject Type Of Substance Abuse Of Spouse: Alcohol. 22.0% of the participants had Subject Type Of Substance Abuse Of Spouse: Raw Opium. 15.0% of the participants had Subject Type Of Substance Abuse Of Spouse: Heroin. 14.0% of the participants had Subject Type Of Substance Abuse Of Spouse: Not Known.

TABLE 14 and FIGURE 14 shows distribution of participants in terms of Subject Duration Of Substance Abuse Of Spouse

13.0% of the participants had Subject Duration Of Substance Abuse Of Spouse: <1 Year. 50.0% of the participants had Subject Duration Of Substance Abuse Of Spouse: 1-5 Years. 10.0% of the participants had Subject Duration Of Substance Abuse Of Spouse: 6-10 Years. 27.0% of the participants had Subject Duration Of Substance Abuse Of Spouse: >10 Years.

TABLE 15 shows distribution of participants as per proforma for severity of addiction

33 (33.0%) of the participants had Number of Times Admitted for

Medical Problems: Never. 48 (48.0%) of the participants had Number of Times Admitted for Medical Problems: 1-5 Times. 19 (19.0%) of the participants had Number of Times Admitted for Medical Problems: >5 Times.

31 (31.0%) of the participants had How Troubled/Bothered by Medical Problems: Mild. 40 (40.0%) of the participants had How Troubled/Bothered by Medical Problems: Moderate. 29 (29.0%) of the participants had How Troubled/Bothered by Medical Problems: Severe.

71 (71.7%) of the participants had Is Treatment for Medical Problems Important Now: Yes. 28 (28.3%) of the participants had Is Treatment for Medical Problems Important Now: No.

3 (3.0%) of the participants had Education Completed: Illiterate. 59 (59.6%) of the participants had Education Completed: Upto Matric. 31 (31.3%) of the participants had Education Completed: Graduate. 6 (6.1%) of the participants had Education Completed: Post Graduate.

19 (19.0%) of the participants had Someone Contributes To Support: Yes. 81 (81.0%) of the participants had Someone Contributes To Support: No.

21 (21.0%) of the participants had Support Constitutes The Majority Of Your Support: Yes. 79 (79.0%) of the participants had Support Constitutes The Majority Of Your Support: No.

24 (24.0%) of the participants had How Troubled/Bothered By Employment Problem: Mild. 50 (50.0%) of the participants had How Troubled/Bothered By Employment Problem: Moderate. 26 (26.0%) of the participants had How Troubled/Bothered By Employment Problem: Severe.

49 (49.0%) of the participants had Which Substance Major Problem: Alcohol. 28 (28.0%) of the participants had Which Substance Major Problem: Raw Opium. 23 (23.0%) of the participants had Which Substance Major Problem: Heroin.

39 (39.0%) of the participants had How Many Times Overdosed: Never. 40 (40.0%) of the participants had How Many Times Overdosed: 1-5 Times. 21 (21.0%) of the participants had How Many Times Overdosed: >5 Times.

23 (23.0%) of the participants had How Many Times Treated For Drug Problem: Never. 60 (60.0%) of the participants had How Many Times Treated For Drug Problem: 1-5 Times. 17 (17.0%) of the participants had How Many Times Treated For Drug Problem: >5 Times.

55 (55.0%) of the participants had Ever Been Arrested: Never. 34 (34.0%) of the participants had Ever Been Arrested: 1-5 Times. 11 (11.0%) of the participants had Ever Been Arrested: >5 Times.

34 (34.0%) of the participants had Blood Relatives Ever Been On Drugs: Yes. 66 (66.0%) of the participants had Blood Relatives Ever Been On Drugs: No.

26 (26.0%) of the participants had Relations With Loved Ones: Good. 74 (74.0%) of the participants had Relations With Loved Ones: Not Good.

53 (53.0%) of the participants had Psychiatric Comorbidity: Yes. 47 (47.0%) of the participants had Psychiatric Comorbidity: No.

TABLE 16 shows summary of engaged coping and FIGURE 15; 16 shows percentage distribution of engaged coping and summary of engaged coping respectively

37 (37.0%) of the participants had Engaged Coping: Refused Money: No. 7 (7.0%) of the participants had Engaged Coping: Refused Money: Once Or Twice. 22 (22.0%) of the participants had Engaged Coping: Refused Money: Sometimes. 34 (34.0%) of the participants had Engaged Coping: Refused Money: Often.

11 (11.0%) of the participants had Engaged Coping: Talked About: No. 6 (6.0%) of the participants had Engaged Coping: Talked About: Once Or Twice. 28 (28.0%) of the participants had Engaged Coping: Talked

About: Sometimes. 55 (55.0%) of the participants had Engaged Coping: Talked About: Often.

5 (5.0%) of the participants had Engaged Coping: Argued: No. 8 (8.0%) of the participants had Engaged Coping: Argued: Once Or Twice. 16 (16.0%) of the participants had Engaged Coping: Argued: Sometimes. 71 (71.0%) of the participants had Engaged Coping: Argued: Often.

1 (1.0%) of the participants had Engaged Coping: Pleaded: No. 5 (5.0%) of the participants had Engaged Coping: Pleaded: Once Or Twice. 4 (4.0%) of the participants had Engaged Coping: Pleaded: Sometimes. 90 (90.0%) of the participants had Engaged Coping: Pleaded: Often.

2 (2.0%) of the participants had Engaged Coping: Upset: Once Or Twice. 12 (12.0%) of the participants had Engaged Coping: Upset: Sometimes. 86 (86.0%) of the participants had Engaged Coping: Upset: Often.

19 (19.0%) of the participants had Engaged Coping: Rules & Regulations: No. 11 (11.0%) of the participants had Engaged Coping: Rules & Regulations: Once Or Twice. 20 (20.0%) of the participants had Engaged Coping: Rules & Regulations: Sometimes. 50 (50.0%) of the participants had Engaged Coping: Rules & Regulations: Often.

7 (7.0%) of the participants had Engaged Coping: Oath: No. 5 (5.0%) of the participants had Engaged Coping: Oath: Once Or Twice. 20 (20.0%) of the participants had Engaged Coping: Oath: Sometimes. 68 (68.0%) of the participants had Engaged Coping: Oath: Often.

7 (7.0%) of the participants had Engaged Coping: Moody: No. 12 (12.0%) of the participants had Engaged Coping: Moody: Once Or Twice. 20 (20.0%) of the participants had Engaged Coping: Moody: Sometimes. 61 (61.0%) of the participants had Engaged Coping: Moody: Often.

33 (33.0%) of the participants had Engaged Coping: Checked Up: No. 4 (4.0%) of the participants had Engaged Coping: Checked Up: Once

Or Twice. 41 (41.0%) of the participants had Engaged Coping: Checked Up: Sometimes. 22 (22.0%) of the participants had Engaged Coping: Checked Up: Often.

13 (13.0%) of the participants had Engaged Coping: Won't Accept Reasons: No. 12 (12.0%) of the participants had Engaged Coping: Won't Accept Reasons: Once Or Twice. 9 (9.0%) of the participants had Engaged Coping: Won't Accept Reasons: Sometimes. 66 (66.0%) of the participants had Engaged Coping: Won't Accept Reasons: Often.

3 (3.0%) of the participants had Engaged Coping: Family Contribution: No. 3 (3.0%) of the participants had Engaged Coping: Family Contribution: Once Or Twice. 12 (12.0%) of the participants had Engaged Coping: Family Contribution: Sometimes. 82 (82.0%) of the participants had Engaged Coping: Family Contribution: Often.

12 (12.0%) of the participants had Engaged Coping: Accused: No. 9 (9.0%) of the participants had Engaged Coping: Accused: Once Or Twice. 32 (32.0%) of the participants had Engaged Coping: Accused: Sometimes. 47 (47.0%) of the participants had Engaged Coping: Accused: Often.

4 (4.0%) of the participants had Engaged Coping: Sort Out: No. 4 (4.0%) of the participants had Engaged Coping: Sort Out: Once Or Twice. 26 (26.0%) of the participants had Engaged Coping: Sort Out: Sometimes. 66 (66.0%) of the participants had Engaged Coping: Sort Out: Often.

14 (14.0%) of the participants had Engaged Coping: Searched: No. 12 (12.0%) of the participants had Engaged Coping: Searched: Once Or Twice. 47 (47.0%) of the participants had Engaged Coping: Searched: Sometimes. 27 (27.0%) of the participants had Engaged Coping: Searched: Often.

TABLE 17 shows summary of tolerant coping and FIGURE 17;18 shows percentage distribution of tolerant coping ; summary of Tolerant coping respectively .

4 (4.0%) of the participants had Tolerant Coping: Put Yourself: No. 30 (30.0%) of the participants had Tolerant Coping: Put Yourself: Once Or Twice. 21 (21.0%) of the participants had Tolerant Coping: Put Yourself: Sometimes. 45 (45.0%) of the participants had Tolerant Coping: Put Yourself: Often.

74 (74.0%) of the participants had Tolerant Coping: Given Money: No. 9 (9.0%) of the participants had Tolerant Coping: Given Money: Once Or Twice. 8 (8.0%) of the participants had Tolerant Coping: Given Money: Sometimes. 9 (9.0%) of the participants had Tolerant Coping: Given Money: Often.

33 (33.0%) of the participants had Tolerant Coping: Felt Frightened: No. 22 (22.0%) of the participants had Tolerant Coping: Felt Frightened: Once Or Twice. 22 (22.0%) of the participants had Tolerant Coping: Felt Frightened: Sometimes. 23 (23.0%) of the participants had Tolerant Coping: Felt Frightened: Often.

19 (19.0%) of the participants had Tolerant Coping: Felt Hopeless: No. 36 (36.0%) of the participants had Tolerant Coping: Felt Hopeless: Once Or Twice. 16 (16.0%) of the participants had Tolerant Coping: Felt Hopeless: Sometimes. 29 (29.0%) of the participants had Tolerant Coping: Felt Hopeless: Often.

33 (33.0%) of the participants had Tolerant Coping: Give Threats: No. 11 (11.0%) of the participants had Tolerant Coping: Give Threats: Once Or Twice. 40 (40.0%) of the participants had Tolerant Coping: Give Threats: Sometimes. 16 (16.0%) of the participants had Tolerant Coping: Give Threats: Often.

58 (58.0%) of the participants had Tolerant Coping: Indecisive: No. 18 (18.0%) of the participants had Tolerant Coping: Indecisive: Once Or Twice. 12 (12.0%) of the participants had Tolerant Coping: Indecisive: Sometimes. 12 (12.0%) of the participants had Tolerant Coping: Indecisive: Often.

40 (40.0%) of the participants had Tolerant Coping: Unchangeable: No.

13 (13.0%) of the participants had Tolerant Coping: Unchangeable: Once Or Twice. 12 (12.0%) of the participants had Tolerant Coping: Unchangeable: Sometimes. 35 (35.0%) of the participants had Tolerant Coping: Unchangeable: Often.

51 (51.0%) of the participants had Tolerant Coping: Made Excuses: No. 29 (29.0%) of the participants had Tolerant Coping: Made Excuses: Once Or Twice. 14 (14.0%) of the participants had Tolerant Coping: Made Excuses: Sometimes. 6 (6.0%) of the participants had Tolerant Coping: Made Excuses: Often.

55 (55.0%) of the participants had Tolerant Coping: Things Normal: No. 18 (18.0%) of the participants had Tolerant Coping: Things Normal: Once Or Twice. 16 (16.0%) of the participants had Tolerant Coping: Things Normal: Sometimes. 11 (11.0%) of the participants had Tolerant Coping: Things Normal: Often.

TABLE 18 shows summary of withdrawal coping and FIGURE 19; 20 shows percentage distribution of Withdrawal coping; summary of Withdrawal coping respectively

14 (14.0%) of the participants had Withdrawal Coping: Put Interest: No. 48 (48.0%) of the participants had Withdrawal Coping: Put Interest: Once Or Twice. 21 (21.0%) of the participants had Withdrawal Coping: Put Interest: Sometimes. 17 (17.0%) of the participants had Withdrawal Coping: Put Interest: Often.

40 (40.0%) of the participants had Withdrawal Coping: Left Alone: No. 32 (32.0%) of the participants had Withdrawal Coping: Left Alone: Once Or Twice. 14 (14.0%) of the participants had Withdrawal Coping: Left Alone: Sometimes. 14 (14.0%) of the participants had Withdrawal Coping: Left Alone: Often.

49 (49.0%) of the participants had Withdrawal Coping: New Interest: No. 19 (19.0%) of the participants had Withdrawal Coping: New Interest: Once Or Twice. 11 (11.0%) of the participants had Withdrawal Coping: New Interest: Sometimes. 21 (21.0%) of the participants had

Withdrawal Coping: New Interest: Often.

28 (28.0%) of the participants had Withdrawal Coping: Avoided Him: No. 23 (23.0%) of the participants had Withdrawal Coping: Avoided Him: Once Or Twice. 23 (23.0%) of the participants had Withdrawal Coping: Avoided Him: Sometimes. 26 (26.0%) of the participants had Withdrawal Coping: Avoided Him: Often.

12 (12.0%) of the participants had Withdrawal Coping: Got On With: No. 13 (13.0%) of the participants had Withdrawal Coping: Got On With: Once Or Twice. 46 (46.0%) of the participants had Withdrawal Coping: Got On With: Sometimes. 29 (29.0%) of the participants had Withdrawal Coping: Got On With: Often.

7 (7.0%) of the participants had Withdrawal Coping: Stood With Him: No. 30 (30.0%) of the participants had Withdrawal Coping: Stood With Him: Once Or Twice. 43 (43.0%) of the participants had Withdrawal Coping: Stood With Him: Sometimes. 20 (20.0%) of the participants had Withdrawal Coping: Stood With Him: Often.

64 (64.0%) of the participants had Withdrawal Coping: Put Yourself: No. 23 (23.0%) of the participants had Withdrawal Coping: Put Yourself: Once Or Twice. 9 (9.0%) of the participants had Withdrawal Coping: Put Yourself: Sometimes. 4 (4.0%) of the participants had Withdrawal Coping: Put Yourself: Often.

TABLE 19 and FIGURE 21 shows distribution of participants in terms of subject CQ score: Engaged Coping (n =100) .

The variable Subject CQ Score: Engaged Coping was not normally distributed (Shapiro-Wilk Test: p = <0.001).

The mean (SD) of Subject CQ Score: Engaged Coping was 29.35 (6.36). The median (IQR) of Subject CQ Score: Engaged Coping was 32.00 (25.75-33). The Subject CQ Score: Engaged Coping ranged from 3 - 51.

TABLE 20 and FIGURE 22 shows distribution of participants in terms

of subject CQ score: Tolerant Coping

The variable Subject CQ Score: Tolerant Coping was not normally distributed (Shapiro-Wilk Test: p = <0.001).

The mean (SD) of Subject CQ Score: Tolerant Coping was 12.74 (8.68). The median (IQR) of Subject CQ Score: Tolerant Coping was 16.50 (1-19). The Subject CQ Score: Tolerant Coping ranged from 1-26.

TABLE 21 and FIGURE 23 shows distribution of participants in terms of subject CQ score: Withdrawal Coping (n=100).

The variable Subject CQ Score: Withdrawal Coping was not normally distributed (Shapiro-Wilk Test: p = <0.001).

The mean (SD) of Subject CQ Score: Withdrawal Coping was 11.13 (4.02). The median (IQR) of Subject CQ Score: Withdrawal Coping was 12.00 (7-15). The Subject CQ Score: Withdrawal Coping ranged from 2 - 18.

TABLE 22 and FIGURE 24 shows distribution of participants in terms of subject SFCS score (n=100).

40.0% of the participants had Subject SFCS Score: Medium (17-52.6). 60.0% of the participants had Subject SFCS Score: High (>52.6).

TABLE 23 and FIGURE 25 shows summary of subject CQ score

The mean Subject CQ Score: Engaged Coping was 29.35 ± 6.36.

The mean Subject CQ Score: Tolerant Coping was 12.74 ± 8.68.

The mean Subject CQ Score: Withdrawal Coping was 11.13 ± 4.02.

TABLE 24; 25 shows the association between 'Patient Primary Substance' and 'Patient Age' ; shows the association between 'Patient Primary Substance' and 'Patient Age' adjusted P value respectively .

FIGURE 26; 27 shows the association between 'Patient Primary Substance' and 'Patient Age'; shows Comparison of 'Patient Primary

Substance' and 'Patient Age' between Opioid and Alcohol addicts respectively.

Fisher's exact test was used to explore the association between 'Patient Primary Substance' and 'Patient Age' as more than 20% of the total number of cells had an expected count of less than 5.

There was a significant difference between the various groups in terms of distribution of Patient Age ($\chi 2 = 26.165$, $p = <0.001$).

2.0% of the participants in the group [Patient Primary Substance: Alcohol] had [Patient Age: 18-25 Years]. 24.0% of the participants in the group [Patient Primary Substance: Alcohol] had [Patient Age: 26-35 Years]. 36.0% of the participants in the group [Patient Primary Substance: Alcohol] had [Patient Age: 36-45 Years]. 38.0% of the participants in the group [Patient Primary Substance: Alcohol] had [Patient Age: 46-60 Years]. 16.0% of the participants in the group [Patient Primary Substance: Opioid] had [Patient Age: 18-25 Years]. 60.0% of the participants in the group [Patient Primary Substance: Opioid] had [Patient Age: 26-35 Years]. 14.0% of the participants in the group [Patient Primary Substance: Opioid] had [Patient Age: 36-45 Years]. 10.0% of the participants in the group [Patient Primary Substance: Opioid] had [Patient Age: 46-60 Years].

Participants in the group Patient Primary Substance: Opioid had the larger proportion of Patient Age: 18-25 Years. Participants in the group Patient Primary Substance: Opioid had the larger proportion of Patient Age: 26-35 Years. Participants in the group Patient Primary Substance: Alcohol had the larger proportion of Patient Age: 36-45 Years. Participants in the group Patient Primary Substance: Alcohol had the larger proportion of Patient Age: 46-60 Years.

TABLE 26 shows the association between 'Patient Primary Substance' and 'Patient Gender'.

FIGURE 28; 29 shows the association between 'Patient Primary Substance' and 'Patient Gender'; shows the comparison of 'Patient

Primary Substance' and 'Patient Gender' between Opioid and Alcohol addict respectively

Chi-squared test was used to explore the association between 'Patient Primary Substance' and 'Patient Gender'.

There was no significant difference between the various groups in terms of distribution of Patient Gender ($\chi 2$ = -, p = -).

100.0% of the participants in the group [Patient Primary Substance: Alcohol] had [Patient Gender: Male]. 100.0% of the participants in the group [Patient Primary Substance: Opioid] had [Patient Gender: Male].

TABLE 27; 28 shows association between patient primary substance and patient education; shows association between patient primary substance and patient education adjusted P value respectively.

FIGURE 30; 31 shows the association between 'Patient Primary Substance' and 'Patient Education '; Comparison of 'Patient Primary Substance' and 'Patient Education between opioid and alcohol addicts

Fisher's exact test was used to explore the association between 'Patient Primary Substance' and 'Patient Education' as more than 20% of the total number of cells had an expected count of less than 5.

There was no significant difference between the various groups in terms of distribution of Patient Education ($\chi 2$ = 4.941, p = 0.351).

6.0% of the participants in the group [Patient Primary Substance: Alcohol] had [Patient Education: Illiterate]. 44.0% of the participants in the group [Patient Primary Substance: Alcohol] had [Patient Education: Upto Matric]. 28.0% of the participants in the group [Patient Primary Substance: Alcohol] had [Patient Education: Higher Secondary]. 22.0% of the participants in the group [Patient Primary Substance: Alcohol] had [Patient Education: Graduate]. 0.0% of the participants in the group [Patient Primary Substance: Alcohol] had [Patient Education: Post Graduate]. 2.0% of the participants in the group [Patient Primary Substance: Opioid] had [Patient Education: Illiterate]. 34.0% of the

participants in the group [Patient Primary Substance: Opioid] had [Patient Education: Upto Matric]. 32.0% of the participants in the group [Patient Primary Substance: Opioid] had [Patient Education: Higher Secondary]. 26.0% of the participants in the group [Patient Primary Substance: Opioid] had [Patient Education: Graduate]. 6.0% of the participants in the group [Patient Primary Substance: Opioid] had [Patient Education: Post Graduate].

TABLE 29; 30 shows association between 'Patient Primary Substance' and 'Patient Family Type '; shows association between 'Patient Primary Substance' and 'Patient Family Type ' adjusted P value.

FIGURE 32; 33 shows the association between 'Patient Primary Substance' and 'Patient Family Type'; shows comparison of 'Patient Primary Substance' and 'Patient Family Type ' between opioid and alcohol addicts.

Fisher's exact test was used to explore the association between 'Patient Primary Substance' and 'Patient Family Type' as more than 20% of the total number of cells had an expected count of less than 5.

There was no significant difference between the various groups in terms of distribution of Patient Family Type ($\chi 2 = 0.618$, $p = 0.787$).

36.0% of the participants in the group [Patient Primary Substance: Alcohol] had [Patient Family Type: Nuclear]. 6.0% of the participants in the group [Patient Primary Substance: Alcohol] had [Patient Family Type: Extended]. 58.0% of the participants in the group [Patient Primary Substance: Alcohol] had [Patient Family Type: Joint]. 32.0% of the participants in the group [Patient Primary Substance: Opioid] had [Patient Family Type: Nuclear]. 10.0% of the participants in the group [Patient Primary Substance: Opioid] had [Patient Family Type: Extended]. 58.0% of the participants in the group [Patient Primary Substance: Opioid] had [Patient Family Type: Joint].

TABLE 31; 32 shows the association between 'Patient Primary Substance' and 'Patient Type Of Substance Abuse' ;shows the

association between 'Patient Primary Substance' and 'Patient Type Of Substance Abuse' adjusted P value.

FIGURE 34; 35 shows the association between 'Patient Primary Substance' and 'Patient Type Of Substance Abuse'; shows the Comparison of 'Patient Primary Substance' and 'Patient Type Of Substance Abuse' between opioid and alcohol addicts

Chi-squared test was used to explore the association between 'Patient Primary Substance' and 'Patient Type Of Substance Abuse'.

There was a significant difference between the various groups in terms of distribution of Patient Type Of Substance Abuse ($\chi 2 = 100.000$, $p = <0.001$).

100.0% of the participants in the group [Patient Primary Substance: Alcohol] had [Patient Type Of Substance Abuse: Alcohol]. 0.0% of the participants in the group [Patient Primary Substance: Alcohol] had [Patient Type Of Substance Abuse: Raw Opium]. 0.0% of the participants in the group [Patient Primary Substance: Alcohol] had [Patient Type Of Substance Abuse: Heroin]. 0.0% of the participants in the group [Patient Primary Substance: Opioid] had [Patient Type Of Substance Abuse: Alcohol]. 54.0% of the participants in the group [Patient Primary Substance: Opioid] had [Patient Type Of Substance Abuse: Raw Opium]. 46.0% of the participants in the group [Patient Primary Substance: Opioid] had [Patient Type Of Substance Abuse: Heroin].

Participants in the group Patient Primary Substance: Alcohol had the larger proportion of Patient Type Of Substance Abuse: Alcohol. Participants in the group Patient Primary Substance: Opioid had the larger proportion of Patient Type Of Substance Abuse: Raw Opium. Participants in the group Patient Primary Substance: Opioid had the larger proportion of Patient Type Of Substance Abuse: Heroin.

TABLE 33; 34 shows the association between 'Patient Primary Substance' and 'Patient Duration Of Substance Abuse'; shows the

association between 'Patient Primary Substance' and 'Patient Duration Of Substance Abuse' adjusted P value.

FIGURE 36; 37 shows the association between 'Patient Primary Substance' and 'Patient Duration Of Substance Abuse'; shows the Comparison of 'Patient Primary Substance' and 'Patient Duration Of Substance Abuse' between opioid and alcohol addicts

Fisher's exact test was used to explore the association between 'Patient Primary Substance' and 'Patient Duration Of Substance Abuse' as more than 20% of the total number of cells had an expected count of less than 5.

There was no significant difference between the various groups in terms of distribution of Patient Duration Of Substance Abuse ($\chi 2 = 5.944$, $p = 0.112$).

8.0% of the participants in the group [Patient Primary Substance: Alcohol] had [Patient Duration Of Substance Abuse: <1 Year]. 34.0% of the participants in the group [Patient Primary Substance: Alcohol] had [Patient Duration Of Substance Abuse: 1-5 Years]. 22.0% of the participants in the group [Patient Primary Substance: Alcohol] had [Patient Duration Of Substance Abuse: 6-10 Years]. 36.0% of the participants in the group [Patient Primary Substance: Alcohol] had [Patient Duration Of Substance Abuse: >10 Years]. 6.0% of the participants in the group [Patient Primary Substance: Opioid] had [Patient Duration Of Substance Abuse: <1 Year]. 58.0% of the participants in the group [Patient Primary Substance: Opioid] had [Patient Duration Of Substance Abuse: 1-5 Years]. 12.0% of the participants in the group [Patient Primary Substance: Opioid] had [Patient Duration Of Substance Abuse: 6-10 Years]. 24.0% of the participants in the group [Patient Primary Substance: Opioid] had [Patient Duration Of Substance Abuse: >10 Years].

TABLE 35; 36 shows the association between 'Patient Primary Substance' and 'Subject Age' ; shows the association between 'Patient Primary Substance' and 'Subject Age' adjusted p value.

FIGURE 38; 39 shows the association between 'Patient Primary Substance' and 'Subject Age'; shows the comparison of 'Patient Primary Substance' and 'Subject Age' between opioid and alcohol addicts

Chi-squared test was used to explore the association between 'Patient Primary Substance' and 'Subject Age'.

There was a significant difference between the various groups in terms of distribution of Subject Age ($\chi 2 = 12.633$, $p = 0.006$).

14.0% of the participants in the group [Patient Primary Substance: Alcohol] had [Subject Age: 18-25 Years]. 30.0% of the participants in the group [Patient Primary Substance: Alcohol] had [Subject Age: 26-35 Years]. 28.0% of the participants in the group [Patient Primary Substance: Alcohol] had [Subject Age: 36-45 Years]. 28.0% of the participants in the group [Patient Primary Substance: Alcohol] had [Subject Age: 46-60 Years]. 24.0% of the participants in the group [Patient Primary Substance: Opioid] had [Subject Age: 18-25 Years]. 54.0% of the participants in the group [Patient Primary Substance: Opioid] had [Subject Age: 26-35 Years]. 8.0% of the participants in the group [Patient Primary Substance: Opioid] had [Subject Age: 36-45 Years]. 14.0% of the participants in the group [Patient Primary Substance: Opioid] had [Subject Age: 46-60 Years].

Participants in the group Patient Primary Substance: Opioid had the larger proportion of Subject Age: 18-25 Years. Participants in the group Patient Primary Substance: Opioid had the larger proportion of Subject Age: 26-35 Years. Participants in the group Patient Primary Substance: Alcohol had the larger proportion of Subject Age: 36-45 Years. Participants in the group Patient Primary Substance: Alcohol had the larger proportion of Subject Age: 46-60 Years.

TABLE 37; 38 shows the association between 'Patient Primary Substance' and 'Subject Age'; shows the association between 'Patient Primary Substance' and 'Subject Age' adjusted p value

FIGURE 40; 41 shows the association between 'Patient Primary Substance' and 'Subject Education'; shows the comparison of 'Patient Primary Substance' and 'Subject Age' between opioid and alcohol addicts

Fisher's exact test was used to explore the association between 'Patient Primary Substance' and 'Subject Education' as more than 20% of the total number of cells had an expected count of less than 5.

There was no significant difference between the various groups in terms of distribution of Subject Education ($\chi 2 = 5.914$, $p = 0.179$).

10.0% of the participants in the group [Patient Primary Substance: Alcohol] had [Subject Education: Illiterate]. 56.0% of the participants in the group [Patient Primary Substance: Alcohol] had [Subject Education: Upto Matric]. 18.0% of the participants in the group [Patient Primary Substance: Alcohol] had [Subject Education: Higher Secondary]. 14.0% of the participants in the group [Patient Primary Substance: Alcohol] had [Subject Education: Graduate]. 2.0% of the participants in the group [Patient Primary Substance: Alcohol] had [Subject Education: Post Graduate]. 2.0% of the participants in the group [Patient Primary Substance: Opioid] had [Subject Education: Illiterate]. 44.0% of the participants in the group [Patient Primary Substance: Opioid] had [Subject Education: Upto Matric]. 26.0% of the participants in the group [Patient Primary Substance: Opioid] had [Subject Education: Higher Secondary]. 26.0% of the participants in the group [Patient Primary Substance: Opioid] had [Subject Education: Graduate]. 2.0% of the participants in the group [Patient Primary Substance: Opioid] had [Subject Education: Post Graduate].

TABLE 39; 40 shows the association between 'Patient Primary Substance' and 'Subject Occupation'; shows the association between 'Patient Primary Substance' and 'Subject Occupation' adjusted P value

FIGURE 42; 43 shows the association between 'Patient Primary Substance' and 'Subject Occupation'; shows the comparison of 'Patient Primary Substance' and 'Subject Occupation' between opioid

and alcohol addicts

Fisher's exact test was used to explore the association between 'Patient Primary Substance' and 'Subject Occupation' as more than 20% of the total number of cells had an expected count of less than 5.

There was no significant difference between the various groups in terms of distribution of Subject Occupation ($\chi 2 = 2.112$, $p = 0.578$).

78.0% of the participants in the group [Patient Primary Substance: Alcohol] had [Subject Occupation: Household]. 10.0% of the participants in the group [Patient Primary Substance: Alcohol] had [Subject Occupation: Semi Skilled]. 12.0% of the participants in the group [Patient Primary Substance: Alcohol] had [Subject Occupation: Skilled]. 0.0% of the participants in the group [Patient Primary Substance: Alcohol] had [Subject Occupation: Farmer]. 68.0% of the participants in the group [Patient Primary Substance: Opioid] had [Subject Occupation: Household]. 16.0% of the participants in the group [Patient Primary Substance: Opioid] had [Subject Occupation: Semi Skilled]. 14.0% of the participants in the group [Patient Primary Substance: Opioid] had [Subject Occupation: Skilled]. 2.0% of the participants in the group [Patient Primary Substance: Opioid] had [Subject Occupation: Farmer].

TABLE 41; 42 shows the association between 'Patient Primary Substance' and 'Subject Family Type'; shows the association between 'Patient Primary Substance' and 'Subject Family Type' adjusted p value

FIGURE 44; 45 shows the association between 'Patient Primary Substance' and 'Subject Family Type'; shows the comparison of 'Patient Primary Substance' and 'Subject Family Type' between opioid and alcohol addicts

Fisher's exact test was used to explore the association between 'Patient Primary Substance' and 'Subject Family Type' as more than 20% of the total number of cells had an expected count of less than 5.

There was no significant difference between the various groups in

terms of distribution of Subject Family Type ($\chi 2 = 0.129$, $p = 1.000$).

36.0% of the participants in the group [Patient Primary Substance: Alcohol] had [Subject Family Type: Nuclear]. 10.0% of the participants in the group [Patient Primary Substance: Alcohol] had [Subject Family Type: Extended]. 54.0% of the participants in the group [Patient Primary Substance: Alcohol] had [Subject Family Type: Joint]. 36.0% of the participants in the group [Patient Primary Substance: Opioid] had [Subject Family Type: Nuclear]. 8.0% of the participants in the group [Patient Primary Substance: Opioid] had [Subject Family Type: Extended]. 56.0% of the participants in the group [Patient Primary Substance: Opioid] had [Subject Family Type: Joint].

TABLE 43; 44 shows the association between 'Patient Primary Substance' and 'Subject Type Of Substance Abuse Of Spouse'; shows the association between 'Patient Primary Substance' and 'Subject Type Of Substance Abuse Of Spouse' adjusted P value.

FIGURE 46; 47 shows the association between 'Patient Primary Substance' and 'Subject Type Of Substance Abuse Of Spouse'; Comparison of 'Patient Primary Substance' and 'Subject Type Of Substance Abuse Of Spouse' between opioid and alcohol addicts.

Chi-squared test was used to explore the association between 'Patient Primary Substance' and 'Subject Type Of Substance Abuse Of Spouse'.

There was a significant difference between the various groups in terms of distribution of Subject Type Of Substance Abuse Of Spouse ($\chi 2 = 96.286$, $p = <0.001$).

98.0% of the participants in the group [Patient Primary Substance: Alcohol] had [Subject Type Of Substance Abuse Of Spouse: Alcohol]. 0.0% of the participants in the group [Patient Primary Substance: Alcohol] had [Subject Type Of Substance Abuse Of Spouse: Raw Opium]. 0.0% of the participants in the group [Patient Primary Substance: Alcohol] had [Subject Type Of Substance Abuse Of

Spouse: Heroin]. 2.0% of the participants in the group [Patient Primary Substance: Alcohol] had [Subject Type Of Substance Abuse Of Spouse: Not Known]. 0.0% of the participants in the group [Patient Primary Substance: Opioid] had [Subject Type Of Substance Abuse Of Spouse: Alcohol]. 44.0% of the participants in the group [Patient Primary Substance: Opioid] had [Subject Type Of Substance Abuse Of Spouse: Raw Opium]. 30.0% of the participants in the group [Patient Primary Substance: Opioid] had [Subject Type Of Substance Abuse Of Spouse: Heroin]. 26.0% of the participants in the group [Patient Primary Substance: Opioid] had [Subject Type Of Substance Abuse Of Spouse: Not Known].

Participants in the group Patient Primary Substance: Alcohol had the larger proportion of Subject Type Of Substance Abuse Of Spouse: Alcohol. Participants in the group Patient Primary Substance: Opioid had the larger proportion of Subject Type Of Substance Abuse Of Spouse: Raw Opium. Participants in the group Patient Primary Substance: Opioid had the larger proportion of Subject Type Of Substance Abuse Of Spouse: Heroin. Participants in the group Patient Primary Substance: Opioid had the larger proportion of Subject Type Of Substance Abuse Of Spouse: Not Known.

TABLE 45; 46 shows the association between 'Patient Primary Substance' and 'Subject Duration Of Substance Abuse Of Spouse'; shows the association between 'Patient Primary Substance' and 'Subject Duration Of Substance Abuse Of Spouse' adjusted P value

FIGURE 48; 49 shows the association between 'Patient Primary Substance' and 'Subject Duration Of Substance Abuse Of Spouse'; shows the Comparison of 'Patient Primary Substance' and 'Subject Duration Of Substance Abuse Of Spouse' between opioid and alcohol addicts

Chi-squared test was used to explore the association between 'Patient Primary Substance' and 'Subject Duration Of Substance Abuse Of Spouse'.

There was no significant difference between the various groups in terms of distribution of Subject Duration Of Substance Abuse Of Spouse ($\chi 2 = 5.346$, $p = 0.148$).

10.0% of the participants in the group [Patient Primary Substance: Alcohol] had [Subject Duration Of Substance Abuse Of Spouse: <1 Year]. 44.0% of the participants in the group [Patient Primary Substance: Alcohol] had [Subject Duration Of Substance Abuse Of Spouse: 1-5 Years]. 16.0% of the participants in the group [Patient Primary Substance: Alcohol] had [Subject Duration Of Substance Abuse Of Spouse: 6-10 Years]. 30.0% of the participants in the group [Patient Primary Substance: Alcohol] had [Subject Duration Of Substance Abuse Of Spouse: >10 Years]. 16.0% of the participants in the group [Patient Primary Substance: Opioid] had [Subject Duration Of Substance Abuse Of Spouse: <1 Year]. 56.0% of the participants in the group [Patient Primary Substance: Opioid] had [Subject Duration Of Substance Abuse Of Spouse: 1-5 Years]. 4.0% of the participants in the group [Patient Primary Substance: Opioid] had [Subject Duration Of Substance Abuse Of Spouse: 6-10 Years]. 24.0% of the participants in the group [Patient Primary Substance: Opioid] had [Subject Duration Of Substance Abuse Of Spouse: >10 Years].

TABLE 47 shows the comparison of the two subgroups of the variable Patient Primary Substance in terms of CQ score :Engaged Coping

FIGURE 50; 51 shows the comparison of the two subgroups of the variable Patient Primary Substance in terms of CQ score :Engaged Coping; shows the comparison of the two subgroups of the variable Patient Primary Substance in terms of CQ score :Engaged Coping between opioid and alcohol addicts

The variable Subject CQ Score: Engaged Coping was not normally distributed in the 2 subgroups of the variable Patient Primary Substance. Thus, non-parametric tests (Wilcoxon-Mann-Whitney U Test) were used to make group comparisons.

The mean (SD) of Subject CQ Score: Engaged Coping in the Patient

Primary Substance: Alcohol group was 30.58 (4.68). The mean (SD) of Subject CQ Score: Engaged Coping in the Patient Primary Substance: Opioid group was 28.12 (7.53). The median (IQR) of Subject CQ Score: Engaged Coping in the Patient Primary Substance: Alcohol group was 33 (28-33). The median (IQR) of Subject CQ Score: Engaged Coping in the Patient Primary Substance: Opioid group was 29 (22-33). The Subject CQ Score: Engaged Coping in the Patient Primary Substance: Alcohol ranged from 18 - 40. The Subject CQ Score: Engaged Coping in the Patient Primary Substance: Opioid ranged from 3 - 51.

There was no significant difference between the groups in terms of Subject CQ Score: Engaged Coping (W = 1528.000, p = 0.051).

The Box-and-Whisker plot below depicts the distribution of Subject CQ Score: Engaged Coping in the 2 groups. The middle horizontal line represents the median Subject CQ Score: Engaged Coping, the upper and lower bounds of the box represent the 75th and the 25th centile of Subject CQ Score: Engaged Coping respectively, and the upper and lower extent of the whiskers represent the Tukey limits for Subject CQ Score: Engaged Coping in each of the groups.

TABLE 48 shows the comparison of the two subgroups of the variable Patient Primary Substance in terms of CQ score :Tolerant Coping .

FIGURE 52; 53 shows the comparison of the two subgroups of the variable Patient Primary Substance in terms of CQ score :Tolerant Coping; shows the comparison of the two subgroups of the variable Patient Primary Substance in terms of CQ score :Tolerant Coping between opioid and alcohol addict

The variable Subject CQ Score: Tolerant Coping was not normally distributed in the 2 subgroups of the variable Patient Primary Substance. Thus, non-parametric tests (Wilcoxon-Mann-Whitney U Test) were used to make group comparisons.

The mean (SD) of Subject CQ Score: Tolerant Coping in the Patient

Primary Substance: Alcohol group was 11.44 (9.70). The mean (SD) of Subject CQ Score: Tolerant Coping in the Patient Primary Substance: Opioid group was 14.04 (7.39). The median (IQR) of Subject CQ Score: Tolerant Coping in the Patient Primary Substance: Alcohol group was 17 (1-19). The median (IQR) of Subject CQ Score: Tolerant Coping in the Patient Primary Substance: Opioid group was 15.5 (13-18). The Subject CQ Score: Tolerant Coping in the Patient Primary Substance: Alcohol ranged from 1 - 26. The Subject CQ Score: Tolerant Coping in the Patient Primary Substance: Opioid ranged from 1 - 26.

There was no significant difference between the groups in terms of Subject CQ Score: Tolerant Coping (W = 1101.500, p = 0.300).

The Box-and-Whisker plot below depicts the distribution of Subject CQ Score: Tolerant Coping in the 2 groups. The middle horizontal line represents the median Subject CQ Score: Tolerant Coping, the upper and lower bounds of the box represent the 75th and the 25th centile of Subject CQ Score: Tolerant Coping respectively, and the upper and lower extent of the whiskers represent the Tukey limits for Subject CQ Score: Tolerant Coping in each of the groups.

TABLE 49 shows the comparison of the two subgroups of the variable Patient Primary Substance in terms of CQ score: Withdrawal Coping

FIGURE 54; 55 shows the comparison of the two subgroups of the variable Patient Primary Substance in terms of CQ score :Withdrawal Coping; shows the comparison of the two subgroups of the variable Patient Primary Substance in terms of CQ score :Withdrawal Coping between opioid and alcohol addict

The variable Subject CQ Score: Withdrawal Coping was not normally distributed in the 2 subgroups of the variable Patient Primary Substance. Thus, non-parametric tests (Wilcoxon-Mann-Whitney U Test) were used to make group comparisons.

The mean (SD) of Subject CQ Score: Withdrawal Coping in the Patient

Primary Substance: Alcohol group was 10.48 (3.85). The mean (SD) of Subject CQ Score: Withdrawal Coping in the Patient Primary Substance: Opioid group was 11.78 (4.13). The median (IQR) of Subject CQ Score: Withdrawal Coping in the Patient Primary Substance: Alcohol group was 8 (7-14). The median (IQR) of Subject CQ Score: Withdrawal Coping in the Patient Primary Substance: Opioid group was 13.5 (8-15). The Subject CQ Score: Withdrawal Coping in the Patient Primary Substance: Alcohol ranged from 5 - 18. The Subject CQ Score: Withdrawal Coping in the Patient Primary Substance: Opioid ranged from 2 - 18.

There was no significant difference between the groups in terms of Subject CQ Score: Withdrawal Coping (W = 976.500, p = 0.055).

The Box-and-Whisker plot below depicts the distribution of Subject CQ Score: Withdrawal Coping in the 2 groups. The middle horizontal line represents the median Subject CQ Score: Withdrawal Coping, the upper and lower bounds of the box represent the 75th and the 25th centile of Subject CQ Score: Withdrawal Coping respectively, and the upper and lower extent of the whiskers represent the Tukey limits for Subject CQ Score: Withdrawal Coping in each of the groups.

TABLE 50 shows the association between 'Patient Primary Substance' and 'Subject SFCS Score'.

FIGURE 56; 57 shows the association between 'Patient Primary Substance' and 'Subject SFCS Score'; shows the comparison of 'Patient Primary Substance' and 'Subject SFCS Score' between opioid and alcohol addicts

Chi-squared test was used to explore the association between 'Patient Primary Substance' and 'Subject SFCS Score'.

There was no significant difference between the various groups in terms of distribution of Subject SFCS Score ($\chi 2 = 0.167$, p = 0.683).

42.0% of the participants in the group [Patient Primary Substance: Alcohol] had [Subject SFCS Score: Medium (17-52.6)]. 58.0% of the

participants in the group [Patient Primary Substance: Alcohol] had [Subject SFCS Score: High (>52.6)]. 38.0% of the participants in the group [Patient Primary Substance: Opioid] had [Subject SFCS Score: Medium (17-52.6)]. 62.0% of the participants in the group [Patient Primary Substance: Opioid] had [Subject SFCS Score: High (>52.6)].

Table 51 shows Association and Comparison between Patient Primary Substance and Proforma for Severity Of Addiction and Coping Questionnaire Parameters.

The following variables were significantly associated ($p<0.05$) with the variable 'Patient Primary Substance':, Patient Age, Patient Type Of Substance Abuse, Subject Age, Subject Type Of Substance Abuse Of Spouse, how Many Times Overdosed, How many Times Treated For Drug Problem, Ever Been Arrested, Engaged Coping: Refused to lend Money, sat together and talked about substance problem, took Oath for not consuming substance, got emotional or Moody, keeping a close eye or keeping a Check on substance abuse, refuse to accept Reasons for consuming substance, Accused the husband of not loving, Tolerant Coping: Put Yourself out for him, gave Money knowing it would be spend on substance, Felt Frightened to do anything, Felt Hopeless to do anything, Gave Threats to not carry out substance abuse, thought the problem of substance abuse as Unchangeable, Things looking Normal as it was not, Withdrawal Coping: Leaving Alone their husband, looked for new interests or occupation for themselves, tried avoiding him as much as possible, Stood With Him, and Putting themselves first or giving themselves treat.

DISCUSSION

The present study was conducted to find out the codependency and coping strategies in the spouses of substance abusers. The study is different in the sense that the main focus is on comparing the strategies used by the spouses of alcohol addicts and opioid addicts. The study aims to determine the level of codependency among the spouses of the opioid abusers and alcohol abusers and the spouses cope up using various coping strategies. The study also examined how the socio-demographic attributes of spouses affected them. In the present study a total of 100 participants were included out of which 50 each were spouses of Opioid dependence and Alcohol dependence syndrome. Codependency was assessed using Span Fischer codependency scale and coping strategies used by the spouses of substance abusers was assessed by Coping Questionnaire.

SOCIODEMOGRAPHIC

In our study, 42% of the subject (spouses of alcohol and opioid addicts) were between 26-35 years of age, 19% of the subjects were between 18-25 years of age and 18% of the subjects were between 36-45 years of age. The range in our study was 18-60 years. Majority of the subjects would be below 40 years which would correspond to study by Bhowmick et al.,[3] in which majority of the patients were in the age group of 31 to 40 years (mean age : drug dependence group = 36±5.3 years; alcohol dependence group = 38±6.1 years) and most of the spouses were in the age group of 20 to 30 years (mean age for drug group=31 years; mean age for alcohol group=33.5 years). Majority of the spouses were between 31-40 years as studied by Shyangwa et al.[40]

Compared to the opioid dependence and alcohol+opioid dependence groups, the alcohol dependence group was older (44.72 ± 8.95 year vs. 28.12 ± 7.06 and 32.15 ± 9.13 year, respectively, $P<0.01$), which corresponds to our study in which the alcohol dependence were maximum in the age range of 46-60 years , 36% in the range 36-45

years and of opioid dependence were maximum 60 % in age range 26-35 year, 16% in range 18-25 years .which corresponds to study done by Mattoo et al.[53]

In our study, 42% of the subject (spouses of alcohol and opioid addicts) were between 26-35 years of age, 19% of the subjects were between 18-25 years of age and 18% of the subjects were between 36-45 years of age. The range in our study was 18-60 years. Thus, majority of the participants were in the range below 40 years of age which is in concordance with the study by Aragao et al.,[54] in which age of the caregiver of chemical dependents were maximum in the range between 26-35 years.

In a study by Panaghi et al.,[25] spouses 28.1% were under 30, 37% between 30-40 and 34.8% over 40 years of age and in our study AS 56% were between 36-60 years, 30 % between 26-35 years and 14% below 25 years compared to OS 54 % were between 26-35 years, 24% between 18-25 years, 14% between 46-60 years and 8% 36-45 years of age.

Another study by Sharma et al.,[55] in which the maximum number (34%) of the caregivers of substance abusers were of the age group 42–54 years with mean age 45.85 ± 12.92.

Another study which showed similar results was done by Soni et al,[56] which showed that the age of spouses from 18 and 50 years, with the mean age being 25.50±7.72 years.

In the study by Shekhawat et al.,[57] in which the mean age of substance abusers were 38.7 ([SD] 8.9) years and that of their wives were 33.4 (SD 8.3) years .

Lamichhane et al.,[58] in their study reported that females outnumbered males as the primary caretaker of the subject with substance use disorder and more than 50% of them were the spouses which further indicated that the spouses are affected the most.

Although there are variations in other studies such as the one done by Marcon et al.,[59] where the mean age of caregivers (47.6 years) was slightly more and study by Bhowmick et al.,[3] where the Mean age at onset of alcohol dependence was (23.1 years) and of drug dependence was (27.2 years) which was an unexpected finding because it is well known that alcohol dependence generally develops at a later age than drug dependence.

EDUCATION

In our study only 6% of the spouses were illiterate, 50% were educated upto Matriculation, 22% educated upto Higher secondary and 22% were either Graduates or Post-graduates. Thus in our study 94% of the participants were literates which is in concordance with the study done by Sharma et al.,[55] which reported that 77.3% caretakers were literate and 22.7% caretakers were illiterate.

Also our results were similar with study done by Lamichhane et al.,[58] which showed that the majority of the primary caretakers had higher literacy rates (66.7%) with (33.3%) being illiterate. Another study by Shekhawat et al.,[57] reported that 45.2% of the spouses of substance abusers were illiterate which is very much higher compared to our study. In our study the illiterate were only 6% significantly due to the fact that our study was conducted in a tertiary care hospital where more educated people came for the treatment.

Study by Bhowmick et al.,[3] reported that the wives of alcohol dependent individuals were more educated as compared to the wives of opioid dependent individuals. In our study 56% of spouses of alcohol dependent individuals were educated upto matric as compared to 44% in the spouses of opioid dependent individuals which is in concordance while illiteracy was more in spouses of alcohol dependents 10% as compared to 2% in the spouses of opioid dependent individuals.

According to a study by Orford et al.,[30] wives of individuals with alcohol dependence had higher educational qualification as compared

to the wives of individuals with drug dependence. In our study the spouses of individuals with alcohol dependence were 16% from graduate and post graduate while 28% graduate and post graduate for opioid dependent individuals while 56% of spouses of alcohol dependent individuals were educated upto matric as compared to 44 % spouses of opioid dependent individuals .Bhowmick et al.,[3] in their study reported similar results where most of the spouses of substance abusers were in the age group of 20 to 30 years.

In our study, all the participants (spouses of substance abusers), were females which implied that all the substance abusers were males.

OCCUPATION

A study by Orford et al.,[43] reported that 86% of the spouses were housewives which is in concordance with our study in which 78% and 68% were housewives of spouses of individuals with alcohol and opioid dependent individuals respectively.

In our study 73.0% of the spouses in the study were Housewives and 26% were Semiskilled/Skilled Workers which is in accordance with the study by Shekhawat et al.,[57] which reported majority (75%) of the wives of these patients were either unemployed or housewives which is contrast to study done by Lamichhane et al.,[58] which shows only 46.7% of the subjects being housewives. 67.6% of caregivers were housewives as studied by Miranda et al.[8]

In a study by Bhowmick et al.,[3] Individuals with alcohol dependence did not differ from those with drug dependence in their employment status but the spouses of individuals with alcohol dependence were more often employed than those of individuals with drug dependence which is contrary with our study in which spouses of opioid dependent individuals were more employed than the spouses of alcohol dependent individuals.

The prevalence rate of psychiatric disorder symptoms among housewives as studied by Juibari et al.,[60] was higher than that of

employed women (with governmental or non-governmental job) (p = 0.003, χ^2 = 1.65). However, there was no relationship seen between the prevalence of psychiatric disorder and the spouse's job (p = 0.741, χ^2 = 2.13) which was not assessed in our study.

In a study by Aragao et al., [54] 44% of the spouses of drug addicted people were employed, In a study by Panaghi et al.,[25] (37%) were employed and in our study 22% and 32% spouses of individuals with alcohol and opioid dependence were employed respectively.

SUBSTANCE ABUSE TYPE AND DURATION OF DEPENDENCE

Duration of abuse was seen to be significantly longer (t=3.83, p<0.001) in the alcohol group (mean duration=14.9±7.1) than the drug dependent group (mean durations.8±4.8 years). In our study the duration of substance abuse for duration dependence of more than 10 yrs was 36% in spouses of individuals with alcohol dependence and 24% in spouses of individuals with opioid dependence which is in concordance with our study by Bhowmick et al.[3]

Roberts et al.,[61] showed that high sobriety husbands enquired fewer questions, stated fewer disagreements, and emitted fewer aggressive patterns of behavior than husbands in the low sobriety group It was seen that the duration of the husbands' sobriety had negative correlation with the number of statements of disagreement emitted by husbands and wives.

Compared to the opioid dependence and alcohol+opioid dependence groups, the alcohol dependence group had a significantly longer duration of substance dependence (P<0.01). The duration of dependence was >5 year in 64.2 per cent patients; It was seen to be more in alcohol dependence group as compared to opioid dependence and alcohol+opioid dependence groups (75 vs. 60 and 57.5%, respectively). Which is also in concordance with our study in which duration of dependence for more than 5 years was 58% and 36% in the spouses of alcohol and opioid dependent individuals respectively.

Mattoo et al.,[10] In a study by Senthil et al.,[42] the mean duration of taking alcohol was 10.00±5.62 years which is also comparable with our study .

In the present study, 58% of the opioid addicts had total duration of dependence from 1-5 years, 24% of the addicts from more than 10 years,12% from 5-10 years, 6% for less than 1 year and. Our study is similar to the study by Cecik et al.,[62] which stated that the mean duration of opioid dependence was approximately 2 years and 4 months (28.62±19.40 months).

In a study by Malik et al.,[63] about 43 percent were having substance dependence from 6-15 years which is similar to our study as in our study 36% were dependent for more than 6 years. In the present study, 36% of the alcohol addicts had total duration of dependence from more than 10 years, 34% of the alcohol addicts from 1-5 years, 22% from 5-10 years, 8% for less than 1 year.

In a study by Shareef et al.,[64] in those abusing opioids ,70 % used heroin, 25% used opium and 5% used other types of opioids which is in contrast to our study in terms of heroin abuse. Our study showed that among substance abusers 54% used raw opium, 46% used Heroin.

FAMILY TYPE

In a study by Bhowmick et al.,[3] majority of patients were living in nuclear families , in a study by Shekhawat et al.,[57] majority of patients were from nuclear family type 54% and joint family type were 46%, In a study by Aragao et al.,[54] 62% of substance dependent individuals had nuclear family type and 38% from joint family type which is in contrast to our study in which family type overall were 58% joint, 34% nuclear and 8% extended. Out of 50 patient's of alcohol dependence 58%, 36%, 6% belonged to joint, nuclear and extended family type respectively while from 50 opioid dependent individuals 58%, 32%, 10% belonged to joint, nuclear and extended family type respectively.

CODEPENDENCY AND COPING STRATEGIES

Many of the characteristics now referred to as codependent were first noted by counselors advising the spouses of alcoholics.[65]

Family Members function in an unhealthy way developing and pertaining poor strategies for communicating, revealing their problem solving , anxiety and stress reduction which is reflected in their various aspects of Emotional and psychological growth impeding their family relations .Some of the studies have assessed the burden experienced by the caregivers of substance abusers among family members. Substance use has been reported to be associated with a considerable burden on the family members.[66]

The spouses used various ways of coping which included engaged, tolerant, withdrawal coping styles as reflected by the coping questionnaire. Some of the spouses often used engaged coping styles included actions such as sitting together and talking about substance abused, which was reported to be used often by 93.4% wives while in our study it was 90% in alcoholic spouses and only 20% in spouses of opioid dependents. 93.4% of them also reported that their partners dependence was making them upset often (and in our study it was AS-84% and OS -88%) Another 93% of them used pleading their partners for not abusing the substance as engaged coping style (AS 88%;OS 92%). Arguing is also considered to be another form of engaged coping which was used often by 70% wives (AS - 76% ,OS – 66%). The ratings on the tolerant coping revealed that very few wives of alcoholics often used this coping strategy. It was only 3% of them who often gave money to their partner (AS - 4%, OS – 14%,) only 13% of them often considered the problem as a part of life that could not be changed (AS-6% ,OS -64%). It was only 6% of them who used tolerant coping to an extent to make excuses for their partner (AS - 4%, OS – 8%). The third commonly employed coping strategy was that of withdrawal coping. Almost one-fourth of the study wives reported using avoidance as coping strategy while another 23% reported that they tried getting on

their own things as their coping mechanism (AS - 34%, OS - 24%) study by Sharma et al.[6]

It was also observed that the risk of spouses being codependent was 14.3 times more if the coping resources were less. If the coping resources were more, then the chances of becoming codependent in the spouses of dependent patients were 10 times more if the duration of abuse by husband's were less than 10 years. This could be due to desensitization of perceived stress over time by the spouses of the dependent patients or it may be considered due to the improvement in the coping strategies of spouses over time as the family members becomes reorganized with time and adjust themselves according to the family 's requirement . Also the risk of having codependency amongst the spouses of substance abusers were 5 times higher if the patients had impairment in employment status than if they did not have on expected line. It was also seen that the spouses with poor coping resources had more risk of being codependent. Patients' impairment in employment contributes to lower social support to wife. As social support minimizes negative impact of stressors.[3,67]

In another study it was seen that the patients who relapsed were significantly more likely (i) to have a family history of substance use to be positive and more number of relapses in the past; (ii) to have maladaptive coping strategies; (iii) to have high risk exposure to situations; and (iv) have experienced a more number of undesirable life events. Those who were abstinent during these periods tended to use significantly more number of coping strategies, principally the adaptive ones and had higher self efficacy scores.[68]

These findings in another study indicated that two broad categories represented coping among affected family members: which were approach and avoidance. The former one incorporated engaged and tolerant-inactive coping strategy. Thus, approach coping reflected strategies which focused on the substance misuse problems and attempts either a problem- or emotional-focused engagement

approach. Avoidance coping might be represented by the specific factor of withdrawal coping. The family members perceived both withdrawal and assertive coping strategies and found it to be more useful. By contrast, more emotional coping strategies sometimes lead to higher rates of fighting and aggressive acts within the family and were viewed as being detrimental in many circumstances .Coping strategies tolerant for example giving money to purchase the substance were seen to be the counterproductive action used by the family members.[69,70] Which is in concordance with our study in which engaged coping was more in both groups of AS and of OS .Engaged coping score was 30.58 ±4.68 for AS and 28.12 ±7.53 for OS ,Tolerant coping AS -11.44 ±9.70 and 14.04 ±7.39, withdrawal coping AS -10.48 ±3.85 and OS 11.78 ±4.13 .

The findings of study by Rao et al.,[71] stated that "the husband's personality causes the alcoholism which in turn causes the coping behavior of the wife "which was not assessed in our study but studies reveal it plays a major role in developing the codependent behavior in the family members of substance abusers.[43]

The coping styles used by wives of alcoholics were related to drinking outcome as studied by Schaffer et al.,[44] those modes of coping in which the wife communicated her feelings of distress, anxiety and frustration to their husband in a way which was least threatening for him seemed to be most positively related to his attainment of sobriety. It was seen that longer periods of sobriety was associated with lesser conflict and fewer struggles between husbands and their spouses.

In a comparison study between spouses of substances abusers and controls it was seen that the spouses of alcohol dependent individuals' had significantly higher level of co-dependency, in our study the SFCS showed 58% of AS and 62% of OS had higher codependency scores.[42]

Another study by Rychtarik et al.,[72] stated that more effective skills

involved in coping with problems arising as the consequence of husbands substance abuse will result in better functioning in the spouse and, thus indirectly, in the partner with problem of substance abuse.

Gotham et al.,[73] studied, drug user's spouses had a higher codependency than the spouses of nonalcoholic men. The codependency of addicted men's spouses was significantly higher than that of other women (55.7 vs 51.0, $P < 0.05$). In a study by Hughes-Hammer et al.,[74]spouses of alcoholic men compared to spouses of nonalcoholic men experienced boundary distortions in situations of intimacy and separation.

Addicts' spouses alter their emotions codependently, neglect the fact of being an addict's spouse by taking over the duties, responsibilities by themselves. It was seen in study by Panaghi et al.,[25] that the codependent behavior was higher among spouses of addicts which is also seen in our study which shows codependency in both the subgroups of OS and AS.

Codependent individual deviates their unshared emotions towards other situations and people which seems to help improve their self worth as studied by Cermak et and Kenny et al.[75,76]

The spouses themselves stated that they needed instrumental, spiritual, financial support with adjoining training and educational programs in order to effectively deal with their husbands substance dependence and their families.[77]

The findings of study also showed that the spouses often reported that they were alone in their struggle against their husband's addiction.[78]

ASI depicted that psychiatric comorbidity was present in 17.5 per cent patients; more in alcohol dependence group than in opioid dependence and alcohol + opioid dependence groups;2 In our study psychiatric comorbidity was 52% and 54% in alcohol dependent individuals and

opioid dependent individuals respectively which almost similar in both the groups .Relations with loved ones were not in good terms in 82% of alcohol addicts and 66% in opioid addicts. Number of times overdosed were more in Alcohol addicts 32% and 10% in opioid addicts. Alcohol addicts 30% had more employment problems than opioid addicts 22%.

The following variables were significantly associated ($p<0.05$) with the following variables in our study which is in concordance to study by Sharma et al.,[3] in our study spouses using Engaged Coping strategy were 60% of OS who refused to lend money compared to 8% of AS, 90% of AS sat together and talked about substance problem compared to 20% of OS, 90% of OS made their husband's take oath for not consuming substance compared to 46% AS, 82% of OS got emotional or Moody compared to 40% of AS, 32% of OS kept close eye or a check on substance abuse compared to 12% of AS , 76% of OS refused to accept reasons for consuming substance compared to 56% of AS, 74% of OS accused the husband of not loving compared to 20% of AS. Spouses using Tolerant Coping strategy revealed that 46% of OS put themselves out for him compared to 44% of AS, 14% of OS gave money knowing it would be spend on substance compared to 4% of AS, 56% of OS felt hopeless to do anything compared to 2% of AS, 28% of OS gave threats to not carry out substance abuse compared to 4% of AS, 64% of OS thought the problem of substance abuse as unchangeable compared to 6% of AS, 20% of AS treated things normal as it was before the substance abuse by husband compared to 2% of OS. Spouses using Withdrawal Coping strategy revealed 36% of OS looked for new interests or occupation for themselves compared to 6% of AS, 46% of OS tried avoiding as much as possible compared to 6% of AS and 24% of AS stood with him compared to 16% of OS.

FUTURE DIRECTIONS

There is need to explore the relationship between the specific factors and the general coping factor, for example measuring the potential mediating role of self-efficacy or appraisal. Based on theoretical model,

the general coping factor might have a key role in predicting health-related outcomes; therefore it would be important for future research to clarify the possible mechanisms related to the general coping factor. Finally, more precise measurement of coping strategies among affected family members would be possible through longitudinal design, for example using experience sampling methods or daily diary data.[79]

Women in other areas may have different opinions, or may have similar views. Therefore, further research is required to enhance our understanding of the desire and needs of these women. Studies conclude that the expectations of the families of substance abusers should be assessed on a case-by-case basis: that is individual by individual, family by family, and community by community till we reach to a concrete rule and regulation globally.[80]

Alcohol and drug problems affect not only those consuming these substances but also their family members and loved ones so family-focused interventions come into play They can be broadly categorized into three types: (1) working in conjunction with the family members to promote the entry and engage them into treatment; (2) collaboration of family members with substance misusing relatives in the treatment and (3) interventions pertaining to the expectations of the family members in their own right.[81]Presence of codependency causes impairment in the quality of life of the codependent person, and is associated with depression and anxiety, low self - confidence, feelings of emotional turmoil, dependent behavior, and fear of being rejected thus enabling the substance use behavior leading to complications in near future.[82]

The coping styles change over span of time just like the other problems associated with alcoholism do. Secondly all the spouses use more than one single type of coping strategy so a larger patient sample, which is longitudinal and broad based in perspective should be undertaken.[43]

Indeed, addiction is a complex phenomenon and its implications can’t be solved single-handedly. Being unbiased, giving necessary information, discussing methods to respond to theirs expectations and traversing ways of coping and providing social support is needed. [83-87]

SUMMARY AND CONCLUSION

The present study focused on the Codependency and Coping Strategies in the spouses of substance abusers which was influenced by the educational status of the participants, duration of substance abuse by their husbands and type of substance abused. In our study we noted the following points:-

- All the spouses in our study were females. Majority of the spouses were educated upto matriculation 50% and AS were 56% and OS were 44%.
- 73% of the subjects were housewives in which the spouses of alcohol consuming individuals were 78% and spouses of opioid dependent individuals were 68%.
- Majority (46%) of addicts in our study were abusing substance from 1-5 years.
- Majority of the addicts in our study were having substance dependence 36% alcohol abusers duration of substance abuse more than 10 years and 58% opioid abusers duration of substance abuse between 1-5 years.
- 54% of husband's abused Raw opium and 46% abused heroin amongst opioid addicts.
- 58%, 34% and 8% belonged to joint, nuclear and extended family type which was a contradictory finding.
- 14% of the spouses were not aware of their husband's substance abuse problem and type of substance abused. 26% of spouses of opioid dependent individuals were not aware of their Husband's substance abuse compared to 2% in the spouses of alcohol dependent individuals. Thus spouses of Alcohol dependent individuals were more aware of the substance consumption by their husband's.
- Psychiatric comorbidity was found in 53% of substance dependent individuals.
- Mean and SD of Spouse CQ score for Engaged coping, Tolerant coping and Withdrawal coping was 29.35 (6.36), 12.74 (8.68) and

11.13 (4.02).

- 60% of spouses had SFCS score more than 52.6 which indicated high codependency.
- Mean and S.D. of Engaged, Tolerant and Withdrawal coping were 29.35 ± 6.36, 12.74 ±8.68 and 11.13 ±402.
- Majority of 54% spouses of opioid consuming individual were between 26 - 35 years of age.
- The majority of spouses of Alcohol dependent individuals used engaged coping 30.58±4.68 compared to 28.12±7.53. Thus AS had higher engaged coping scores compared to OS. The percentages of tolerant coping and withdrawal coping strategies were nearly similar in AS and OS. Though no significant differences could be established between two subgroups.
- The SFCS scores for AS were 58% and 62% for OS, significant relationship could not be established due to lesser number of cases being studied. All the spouses showed codependency though 60% had higher SFCS score.
- The patient age, type of substance abuse by the patient, subject age, education showed significant relationship in our study.
- In Engaged Coping significant relation was found in which spouses used coping by taking a stand for the problem of substance abuse majority sat together and talked about the substance abuse ,often made husband take oath to leave the substance consuming behavior, often got moody, emotional while talking about substance abuse by spouse, didn't accept reasons given by their husband for abusing substance, often accused him of not loving him and gave money to their husband knowing it will be spent on substance to avoid altercations with husband.
- In Tolerant Coping significant relation was found where the spouses used inactive coping by putting up with the problem of abusing substance by their husband. Majority of the Spouses denied the fact that nothing could be done to solve this problem of addiction, they overcame their feelings of hopelessness, overcame their fears regarding the problem.

- In Withdrawal Coping significant relation was found in which only minority of the spouses tried gaining independence and withdrew themselves from the problem of addiction of their husband by trying to avoid their husband as much as possible, looked for new occupations for themselves or putting themselves first or giving themselves priority .

So, this study highlights that the impact of substance dependence in the spouses of substance abusers including alcohol addicts and opioid addicts. The study was important as it could help in assessing the Codependency and coping strategies in the spouses of substance abusers and the type of coping strategy spouses used to deal with the menace of addiction. Finally, considering the scarce information available on caregivers/spouses of drug dependents and further research is needed to better understand their needs and understand their burden.

LIMITATIONS

A limitation of the present study was that the sample size was limited to 100 participants. Also, the sample was limited to one hospital setting. Another limitation was that due to small sample size, our study did not encounter any female addicts and thus their spouses could not be assessed.

Since coping strategies may vary over time and spouses may use more than one coping style, retrospective measurement of coping would be biased. So, in coming times daily diary data and sampling methods can be used for assessing the coping of the family members.

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KEY TO MASTER CHART

AGE (YEARS)	
1	18-25
2	26-35
3	36-45
4	46-60
DURATION OF SUBSTANCE ABUSE	
1	LESS THAN 1 YEAR
2	1 YEAR-5 YEARS
3	6YEARS-10YEARS
4	MORE THAN 10 YEARS
EDUCATION	
1	ILLITERATE
2	UPTO MATRICULATION
3	HIGHER SECONDARY
4	GRADUATE
5	POST GRADUATE
FAMILY TYPE	
1	NUCLEAR
2	EXTENDED
3	JOINT
OCCUPATION	
1	HOUSEHOLD
2	SEMI-SKILLED
3	SKILLED
4	FARMER
5	SHOPOWNER
6	BUSINESSMEN
7	UNEMPLOYED

8	OTHER
PRIMARY SUBSTANCE ABUSE	
1	ALCOHOL
2	HEROIN
3	METHADONE
4	RAW OPIUM
SFCS SCORE	
1	LOW-UPTO 16
2	MEDIUM -17-52.6
3	HIGH-MORE THAN 52.6
SUBJECT C.Q SCORE	
1	NO
2	ONCE OR TWICE
3	SOMETIMES
4	OFTEN

Patient S.No.	Patient Name	Subject S.No.	Subject Name	Patient Mrd No	Patient Age	Patient Gender	Patient Education	Patient Occupation	Patient Monthly Income	Patient Family Type	Patient Type Of Substance Abuse	Patient Primary Substance	Patient Duration Of Substance Abuse	Subject Age	Subject Gender	Subject Education	Subject Occupation	Subject Income	Subject Family Type	Subject Type Of Substance Abuse Of Spouse	Subject Duration Of Substance Abuse Of Spouse	Subject CQ Score: Engaged Coping
1	ADS	1	MK	959700	26-35 Years	Male	Post Graduate	Semi Skilled	40,000	Nuclear	Heroin	Opioid	1-5 Years	26-35 Years	Female	Post Graduate	Skilled	22000	Nuclear	Heroin	1-5 Years	34
2	HS	2	SK	854152	46-60 Years	Male	Upto Matric	Skilled	50,000	Joint	Raw Opium	Opioid	>10 Years	46-60 Years	Female	Higher Secondary	Household	0	Joint	Raw Opium	>10 Years	30
3	NS	3	SK	506950	36-45 Years	Male	Graduate	Skilled	35,000	Joint	Raw Opium	Opioid	>10 Years	46-60 Years	Female	Higher Secondary	Household	0	Joint	Raw Opium	>10 Years	33
4	HS	4	R	837680	36-45 Years	Male	Upto Matric	Businessman	25,000	Joint	Heroin	Opioid	1-5 Years	26-35 Years	Female	Upto Matric	Household	0	Joint	Heroin	1-5 Years	22
5	SS	5	MK	857858	26-35 Years	Male	Higher Secondary	Skilled	25,000	Joint	Heroin	Opioid	1-5 Years	26-35 Years	Female	Higher Secondary	Household	0	Joint	Heroin	1-5 Years	22
6	RPS	6	KK	88343	36-45 Years	Male	Higher Secondary	Skilled	30,000	Extended	Raw Opium	Opioid	1-5 Years	26-35 Years	Female	Graduate	Skilled	24000	Extended	Raw Opium	>10 Years	51
7	US	7	AK	358653	46-60 Years	Male	Post Graduate	Businessman	20,000	Nuclear	Raw Opium	Opioid	6-10 Years	26-35 Years	Female	Higher Secondary	Household	0	Nuclear	Raw Opium	>10 Years	36
8	VK	8	ND	357013	26-35 Years	Male	Higher Secondary	Semi Skilled	33,000	Nuclear	Raw Opium	Opioid	1-5 Years	26-35 Years	Female	Higher Secondary	Household	0	Nuclear	Raw Opium	>10 Years	32
9	NS	9	MG	855337	36-45 Years	Male	Higher Secondary	Semi Skilled	30,000	Joint	Raw Opium	Opioid	1-5 Years	26-35 Years	Female	Graduate	Household	0	Joint	Raw Opium	1-5 Years	22
10	IS	10	S	850109	18-25 Years	Male	Upto Matric	Semi Skilled	15,000	Joint	Heroin	Opioid	<1 Year	18-25 Years	Female	Higher Secondary	Household	0	Joint	Heroin	<1 Year	17
11	A	11	SG	778800	26-35 Years	Male	Post Graduate	Businessman	40,000	Joint	Raw Opium	Opioid	1-5 Years	26-35 Years	Female	Graduate	Household	0	Joint	Raw Opium	<1 Year	26
12	AS	12	P	855543	18-25 Years	Male	Graduate	Businessman	23,000	Joint	Heroin	Opioid	1-5 Years	18-25 Years	Female	Graduate	Skilled	5000	Nuclear	Heroin	1-5 Years	34
13	AS	13	VK	823486	26-35 Years	Male	Upto Matric	Businessman	12,000	Nuclear	Heroin	Opioid	1-5 Years	26-35 Years	Female	Higher Secondary	Household	0	Joint	Heroin	1-5 Years	36
14	GK	14	GK	209434	26-35 Years	Male	Upto Matric	Household	20,000	Joint	Raw Opium	Opioid	>10 Years	26-35 Years	Female	Upto Matric	Household	0	Joint	Raw Opium	>10 Years	30
15	VK	15	R	879388	26-35 Years	Male	Upto Matric	Shop Owner	18,000	Joint	Heroin	Opioid	1-5 Years	26-35 Years	Female	Graduate	Semi Skilled	8000	Joint	Heroin	1-5 Years	29
16	RD	16	AD	373199	36-45 Years	Male	Upto Matric	Farmer	30,000	Joint	Raw Opium	Opioid	>10 Years	36-45 Years	Female	Graduate	Household	0	Joint	Raw Opium	>10 Years	21
17	NS	17	SK	506950	46-60 Years	Male	Higher Secondary	Skilled	50,000	Joint	Raw Opium	Opioid	>10 Years	36-45 Years	Female	Higher Secondary	Household	0	Joint	Raw Opium	>10 Years	33
18	HS	18	BK	904152	26-35 Years	Male	Higher Secondary	Skilled	50,000	Nuclear	Raw Opium	Opioid	6-10 Years	26-35 Years	Female	Higher Secondary	Household	0	Nuclear	Raw Opium	>10 Years	29
19	PS	19	DK	930379	26-35 Years	Male	Graduate	Skilled	40,000	Joint	Heroin	Opioid	6-10 Years	26-35 Years	Female	Higher Secondary	Household	0	Joint	Heroin	6-10 Years	25
20	NS	20	MK	265263	26-35 Years	Male	Upto Matric	Skilled	20,000	Joint	Heroin	Opioid	1-5 Years	26-35 Years	Female	Upto Matric	Household	0	Joint	Heroin	1-5 Years	33
21	JS	21	S	947510	26-35 Years	Male	Graduate	Semi Skilled	60,000	Joint	Heroin	Opioid	1-5 Years	26-35 Years	Female	Graduate	Semi Skilled	50,000	Joint	Not Known	<1 Year	26
22	VK	22	CL	928540	36-45 Years	Male	Upto Matric	Semi Skilled	10,000	Nuclear	Raw Opium	Opioid	<1 Year	36-45 Years	Female	Graduate	Household	0	Joint	Raw Opium	<1 Year	3
23	GS	23	CK	932762	26-35 Years	Male	Upto Matric	Shop Owner	8,000	Nuclear	Heroin	Opioid	>10 Years	26-35 Years	Female	Graduate	Semi Skilled	20,000	Nuclear	Not Known	1-5 Years	33
24	RS	24	SK	859058	18-25 Years	Male	Higher Secondary	Skilled	20,000	Joint	Heroin	Opioid	1-5 Years	18-25 Years	Female	Upto Matric	Skilled	6,000	Joint	Heroin	1-5 Years	37
25	DK	25	S	930529	26-35 Years	Male	Upto Matric	Farmer	25,000	Joint	Raw Opium	Opioid	>10 Years	18-25 Years	Female	Graduate	Semi Skilled	8,000	Joint	Raw Opium	>10 Years	25
26	KS	26	MK	832728	46-60 Years	Male	Illiterate	Skilled	35,000	Joint	Raw Opium	Opioid	>10 Years	46-60 Years	Female	Upto Matric	Semi Skilled	25,000	Joint	Raw Opium	>10 Years	33
27	GS	27	RK	842916	26-35 Years	Male	Higher Secondary	Businessman	54,000	Joint	Heroin	Opioid	<1 Year	18-25 Years	Female	Higher Secondary	Household	0	Joint	Heroin	<1 Year	38
28	PK	28	J	61016	26-35 Years	Male	Graduate	Farmer	60,000	Nuclear	Raw Opium	Opioid	1-5 Years	26-35 Years	Female	Graduate	Semi Skilled	20,000	Nuclear	Raw Opium	1-5 Years	18
29	HS	29	DK	932350	26-35 Years	Male	Upto Matric	Farmer	14,000	Joint	Raw Opium	Opioid	1-5 Years	26-35 Years	Female	Upto Matric	Household	0	Joint	Raw Opium	1-5 Years	33
30	PS	30	SK	824128	26-35 Years	Male	Higher Secondary	Skilled	10,000	Joint	Raw Opium	Opioid	6-10 Years	26-35 Years	Female	Upto Matric	Semi Skilled	10,000	Joint	Not Known	6-10 Years	33
31	PS	31	S	927330	26-35 Years	Male	Graduate	Semi Skilled	20,000	Joint	Heroin	Opioid	1-5 Years	18-25 Years	Female	Upto Matric	Household	0	Joint	Not Known	1-5 Years	21
32	L	32	E	941986	26-35 Years	Male	Upto Matric	Semi Skilled	20,000	Joint	Raw Opium	Opioid	>10 Years	26-35 Years	Female	Upto Matric	Household	0	Joint	Not Known	1-5 Years	23
33	KS	33	S	924826	26-35 Years	Male	Higher Secondary	Semi Skilled	14,000	Extended	Heroin	Opioid	>10 Years	26-35 Years	Female	Upto Matric	Household	0	Extended	Heroin	1-5 Years	36
34	RS	34	A	938969	18-25 Years	Male	Graduate	Farmer	23,000	Joint	Heroin	Opioid	>10 Years	18-25 Years	Female	Higher Secondary	Household	0	Nuclear	Not Known	1-5 Years	30
35	PM	35	R	574022	26-35 Years	Male	Graduate	Semi Skilled	5,500	Nuclear	Heroin	Opioid	1-5 Years	26-35 Years	Female	Upto Matric	Household	0	Nuclear	Heroin	1-5 Years	29

Patient S.No.	Patient Name	Subject CQ Score: Tolerant Coping	Subject CQ Score: Withdrawal Coping	Subject SPCS Score	Number of Times Admitted for Medical Problems	How Troubled/ Bothered by Medical Problems	Is Treatment for Medical Problems Important Now	Education Completed	Someone Contributes To Support	Support Constitutes The Majority Of Your Support	How Troubled/ Bothered By Employment Problem	Which Substance Major Problem	How Many Times Overdosed	How Many Times Treated For Drug Problem	Ever Been Arrested	Blood Relatives Ever Been On Drugs	Relations With Loved Ones	Psychiatric Comorbidity	Engaged Coping: Refused Money	Engaged Coping: Talked About
1	ADS	18	16	High (>52.6)	1-5 Times	Severe	Yes	Post Graduate	Yes	Yes	Severe	Heroin	Never	1-5 Times	Never	No	Good	No	No	No
2	HS	26	12	Medium (17-52.6)	Never	Mild	Yes	Upto Matric	No	No	Moderate	Raw Opium	Never	Never	Never	No	Not Good	No	Often	Sometimes
3	NS	24	13	High (>52.6)	1-5 Times	Moderate	Yes	Graduate	No	No	Moderate	Raw Opium	Never	1-5 Times	Never	No	Not Good	No	Often	Sometimes
4	HS	13	15	Medium (17-52.6)	1-5 Times	Moderate	Yes	Upto Matric	Yes	Yes	Moderate	Heroin	1-5 Times	1-5 Times	Never	No	Not Good	No	Often	Often
5	SS	2	2	Medium (17-52.6)	Never	Moderate	No	Upto Matric	No	No	Moderate	Heroin	Never	1-5 Times	Never	No	Good	No	No	Sometimes
6	RPS	23	17	Medium (17-52.6)	1-5 Times	Moderate	Yes	Graduate	No	No	Moderate	Raw Opium	Never	1-5 Times	Never	No	Not Good	Yes	Once Or Twice	No
7	US	21	16	High (>52.6)	1-5 Times	Moderate	No	Post Graduate	No	No	Severe	Raw Opium	Never	1-5 Times	Never	No	Not Good	No	Often	Sometimes
8	VK	18	15	High (>52.6)	Never	Mild	Yes	Graduate	No	No	Mild	Raw Opium	Never	Never	Never	No	Good	No	Often	Sometimes
9	NS	22	18	High (>52.6)	1-5 Times	Moderate	Yes	Graduate	No	No	Moderate	Raw Opium	1-5 Times	1-5 Times	Never	No	Not Good	No	No	Once Or Twice
10	IS	5	8	Medium (17-52.6)	Never	Severe	Yes	Upto Matric	No	No	Moderate	Heroin	Never	Never	Never	Yes	Good	No	Often	Sometimes
11	A	14	12	High (>52.6)	Never	Mild	Yes	Post Graduate	No	No	Moderate	Raw Opium	Never	Never	Never	No	Good	No	Sometimes	Often
12	AS	18	17	High (>52.6)	Never	Mild	Yes	Graduate	No	No	Moderate	Heroin	1-5 Times	1-5 Times	Never	No	Not Good	No	No	Sometimes
13	AS	21	13	High (>52.6)	1-5 Times	Mild	Yes	Upto Matric	No	No	Moderate	Heroin	Never	1-5 Times	Never	No	Not Good	Yes	Often	No
14	GK	18	15	High (>52.6)	>5 Times	Severe	No	Upto Matric	No	No	Severe	Raw Opium	>5 Times	1-5 Times	1-5 Times	Yes	Not Good	Yes	No	No
15	VK	18	14	High (>52.6)	Never	Mild	Yes	Upto Matric	Yes	Yes	Mild	Heroin	Never	Never	Never	Yes	Good	Yes	Often	Sometimes
16	RD	15	14	High (>52.6)	1-5 Times	Severe	Yes	Upto Matric	No	No	Severe	Raw Opium	1-5 Times	1-5 Times	Never	No	Not Good	Yes	Often	Often
17	NS	1	7	High (>52.6)	Never	Mild	No	Graduate	Yes	Yes	Mild	Raw Opium	Never	Never	Never	Yes	Good	Yes	No	Sometimes
18	HS	4	11	Medium (17-52.6)	1-5 Times	Severe	Yes	Graduate	Yes	Yes	Mild	Raw Opium	Never	1-5 Times	Never	No	Good	No	Often	Sometimes
19	PS	14	10	High (>52.6)	1-5 Times	Mild	Yes	Graduate	No	No	Mild	Heroin	Never	1-5 Times	Never	No	Good	Yes	Once Or Twice	No
20	NS	1	7	Medium (17-52.6)	1-5 Times	Moderate	Yes	Upto Matric	No	No	Moderate	Heroin	Never	1-5 Times	Never	No	Good	No	No	No
21	JS	19	16	High (>52.6)	1-5 Times	Mild	Yes	Graduate	No	No	Mild	Heroin	>5 Times	1-5 Times	Never	Yes	Not Good	No	Often	Once Or Twice
22	VK	1	7	Medium (17-52.6)	1-5 Times	Mild	Yes	Post Graduate	No	No	Mild	Heroin	Never	1-5 Times	Never	No	Good	No	Often	No
23	GS	1	7	Medium (17-52.6)	1-5 Times	Moderate	Yes	Upto Matric	No	No	Mild	Heroin	Never	1-5 Times	Never	No	Good	Yes	No	Sometimes
24	RS	20	15	High (>52.6)	Never	Severe	Yes	Upto Matric	No	No	Severe	Heroin	1-5 Times	1-5 Times	Never	Yes	Not Good	No	Sometimes	Often
25	DK	14	10	Medium (17-52.6)	1-5 Times	Moderate	Yes	Upto Matric	No	No	Moderate	Raw Opium	Never	1-5 Times	Never	No	Not Good	Yes	Often	Sometimes
26	KS	1	7	Medium (17-52.6)	>5 Times	Severe	No	Illiterate	No	No	Severe	Raw Opium	>5 Times	>5 Times	1-5 Times	Yes	Not Good	Yes	No	No
27	GS	24	15	High (>52.6)	Never	Moderate	Yes	Graduate	No	No	Moderate	Heroin	Never	Never	Never	Yes	Good	No	Once Or Twice	Sometimes
28	PK	13	5	Medium (17-52.6)	1-5 Times	Moderate	No	Graduate	No	No	Moderate	Raw Opium	1-5 Times	1-5 Times	Never	No	Not Good	No	Often	Often
29	HS	1	7	High (>52.6)	1-5 Times	Moderate	Yes	Upto Matric	No	No	Moderate	Raw Opium	1-5 Times	1-5 Times	1-5 Times	Yes	Not Good	Yes	No	Sometimes
30	PS	1	7	Medium (17-52.6)	1-5 Times	Moderate	Yes	Upto Matric	Yes	No	Moderate	Raw Opium	1-5 Times	1-5 Times	1-5 Times	Yes	Good	Yes	Sometimes	No
31	PS	15	14	High (>52.6)	>5 Times	Severe	Yes	Graduate	No	No	Severe	Heroin	>5 Times	>5 Times	1-5 Times	Yes	Not Good	Yes	Often	Sometimes
32	L	21	7	Medium (17-52.6)	1-5 Times	Moderate	Yes	Upto Matric	No	No	Moderate	Raw Opium	1-5 Times	1-5 Times	1-5 Times	No	Not Good	Yes	Once Or Twice	No
33	KS	21	13	High (>52.6)	>5 Times	Severe	Yes	Upto Matric	No	No	Severe	Heroin	1-5 Times	1-5 Times	Never	Yes	Not Good	Yes	Sometimes	Sometimes
34	RS	18	15	High (>52.6)	Never	Mild	Yes	Graduate	No	No	Mild	Heroin	Never	Never	Never	No	Good	No	Often	No
35	PM	18	14	High (>52.6)	1-5 Times	Moderate	No	Graduate	No	No	Moderate	Heroin	1-5 Times	1-5 Times	1-5 Times	Yes	Not Good	Yes	Often	Sometimes

Patient S.No.	Patient Name	Engaged Coping: Argued	Engaged Coping: Pleaded	Engaged Coping: Upset	Engaged Coping: Rules & Regulations	Engaged Coping: Oath	Engaged Coping: Moody	Engaged Coping: Checked Up	Engaged Coping: Wont Accept Reasons	Engaged Coping: Family Contribution	Engaged Coping: Accused	Engaged Coping: Sort Out	Engaged Coping: Searched	Tolerant Coping: Put Yourself	Tolerant Coping: Given Money	Tolerant Coping: Felt Frightened
1	ADS	No	Once Or Twice	Sometimes	No	Once Or Twice	Once Or Twice	Once Or Twice	Often	No	Once Or Twice	No	No	No	Once Or Twice	No
2	HS	Sometimes	Often	Often	Sometimes	Often	Often	Sometimes	Often	Often	Often	Sometimes	Sometimes	Once Or Twice	Sometimes	Sometimes
3	NS	Often	Often	Often	Often	Often	Often	Sometimes	Sometimes	Often	Sometimes	Often	Often	Often	No	Often
4	HS	Sometimes	Often	Often	Once Or Twice	Often	Often	Often	Once Or Twice	Often	Often	Once Or Twice	Sometimes	Often	No	Sometimes
5	SS	Often	Often	Often	No	Often	Often	Sometimes	Often	Often	Often	Sometimes	Often	Often	Often	Often
6	RPS	Often	Often	Often	Sometimes	Often	Often	Sometimes	Sometimes	Often	Sometimes	No	Sometimes	Often	No	Once Or Twice
7	US	Sometimes	Often	Often	Once Or Twice	Often	Once Or Twice	Often	Often	Often	Often	Once Or Twice	Once Or Twice	Sometimes	No	No
8	VK	Often	Often	Often	Often	Often	Often	Once Or Twice	Often	Often	Often	Sometimes	Often	No	Once Or Twice	Sometimes
9	NS	Once Or Twice	Often	Sometimes	No	Often	Often	Sometimes	Often	Often	Often	Often	Sometimes	Sometimes	No	Often
10	IS	No	Often	Often	Sometimes	Often	Sometimes	Often	Often	Once Or Twice	Often	Often	Sometimes	Once Or Twice	No	Once Or Twice
11	A	Often	Often	Often	Once Or Twice	Often	Often	Sometimes	Often	Often	Sometimes	No	No	Often	Sometimes	Often
12	AS	Often	Once Or Twice	Often	No	Often	Often	Often	Often	Sometimes	Often	Often	Sometimes	Sometimes	No	Sometimes
13	AS	Often	Often	Often	Often	Often	Once Or Twice	Sometimes	No	Often	Sometimes	Sometimes	Once Or Twice	Often	Often	No
14	GK	Sometimes	Often	Often	Sometimes	Often	Often	Sometimes	Often	Often	Often	Often	Often	Sometimes	No	Sometimes
15	VK	Often	Often	Often	Once Or Twice	Sometimes	Often	Sometimes	Sometimes	Often	Often	Often	Sometimes	Often	No	Once Or Twice
16	RD	Often	Often	Often	Often	Often	Sometimes	Sometimes	Often	Often	Often	Sometimes	Sometimes	Sometimes	Once Or Twice	Often
17	NS	Often	Often	Often	Often	Often	Often	Often	Once Or Twice	Often	Often	Often	Sometimes	Once Or Twice	Once Or Twice	Sometimes
18	HS	Often	Often	Often	Once Or Twice	Often	Often	Sometimes	Often	Often	Often	Often	Sometimes	Often	No	Often
19	PS	No	Often	Sometimes	Sometimes	Often	Often	Sometimes	Sometimes	Sometimes	Sometimes	Once Or Twice	Often	Sometimes	Sometimes	No
20	NS	Often	Often	Often	Often	Sometimes	Often	Sometimes	Often	Often	Often	Sometimes	Sometimes	Sometimes	No	Often
21	JS	Once Or Twice	Often	Often	Often	Often	Often	Often	Often	Often	Sometimes	Often	No	Often	Sometimes	Sometimes
22	VK	Often	Often	Sometimes	No	Often	Often	Sometimes	Often	Often	Often	Sometimes	Sometimes	Sometimes	Often	Often
23	GS	Often	Often	Often	Sometimes	Often	Often	Once Or Twice	Often	Often	Often	Often	Once Or Twice	Sometimes	No	Once Or Twice
24	RS	Sometimes	Often	Often	Often	Often	Often	Often	Once Or Twice	Often	Often	Often	Sometimes	Once Or Twice	Once Or Twice	Often
25	DK	Often	Often	Often	No	Often	Often	Often	Often	Often	Often	Often	Often	Often	Often	Sometimes
26	KS	Often	Sometimes	Often	Sometimes	Often	Once Or Twice	Often	Often	Often	Often	Sometimes	Sometimes	Sometimes	No	Often
27	GS	Often	Often	Often	Often	Once Or Twice	Often	Sometimes	Sometimes	Sometimes	Often	Often	Once Or Twice	Sometimes	No	Once Or Twice
28	PK	Once Or Twice	Often	Sometimes	No	Often	Often	Sometimes	Often	Often	Sometimes	Often	Sometimes	Often	Often	Often
29	HS	Sometimes	Often	Often	Often	Often	Often	Often	Often	Sometimes	Often	Sometimes	Often	Sometimes	Once Or Twice	Once Or Twice
30	PS	Once Or Twice	Often	Often	No	Often	Often	Often	Often	Often	Sometimes	Often	Sometimes	Often	No	Often
31	PS	Often	Often	Often	Often	Often	Often	Sometimes	Sometimes	Often	Often	Often	Often	Often	Often	Once Or Twice
32	L	Once Or Twice	Often	Often	Sometimes	Often	Often	Sometimes	Often	Often	Often	Sometimes	No	Once Or Twice	No	Sometimes
33	KS	Often	Often	Often	Often	Often	Sometimes	Often	Often	Often	Sometimes	Often	Often	Often	Once Or Twice	Often
34	RS	Often	Often	Sometimes	Once Or Twice	Often	Often	Sometimes	Often	Sometimes	Often	Sometimes	Once Or Twice	Sometimes	No	Once Or Twice
35	PM	Often	Often	Often	No	Often	Often	Often	Sometimes	Often	Often	Often	Often	Often	Often	Often

Patient S.No.	Patient Name	Tolerant Coping: Felt Hopeless	Tolerant Coping: Give Threats	Tolerant Coping: Indesicive	Tolerant Coping: Unchangable	Tolerant Coping: Made Excuses	Tolerant Coping: Things Normal	Withdrawal Coping: Put Intrest	Withdrawal Coping: Left Alone	Withdrawal Coping: New Intrest	Withdrawal Coping: Avoided Him	Withdrawal Coping: Got On With	Withdrawal Coping: Stood With Him	Withdrawal Coping: Put Yourself
1	ADS	No	Once Or Twice	Sometimes	No	Often	No	No	Often	No	No	No	No	Sometimes
2	HS	Sometimes	Often	Once Or Twice	Sometimes	No	Sometimes	Sometimes	No	Sometimes	Often	Often	Often	Once Or Twice
3	NS	Once Or Twice	Sometimes	No	Often	Once Or Twice	Once Or Twice	Once Or Twice	Sometimes	Once Or Twice	Sometimes	Once Or Twice	Sometimes	No
4	HS	Sometimes	Sometimes	No	Often	Sometimes	No	Once Or Twice	Once Or Twice	Often	Once Or Twice	Often	Once Or Twice	Sometimes
5	SS	Often	Once Or Twice	No	Often	No	No	Sometimes	Often	Often	Often	Sometimes	Often	Often
6	RPS	Often	Often	Once Or Twice	Often	Once Or Twice	No	Once Or Twice	No	Sometimes	Sometimes	Sometimes	Sometimes	Once Or Twice
7	US	No	Sometimes	Sometimes	Once Or Twice	No	No	Once Or Twice	Sometimes	Once Or Twice	Often	Sometimes	No	No
8	VK	Often	No	Once Or Twice	Often	No	No	Often	Once Or Twice	No	Often	No	Sometimes	Often
9	NS	Once Or Twice	Sometimes	No	No	Once Or Twice	Often	Sometimes	No	Often	Sometimes	Sometimes	Often	No
10	IS	Sometimes	Often	No	Often	No	No	No	Often	Sometimes	Often	Once Or Twice	Sometimes	Sometimes
11	A	Often	Once Or Twice	Once Or Twice	Often	No	No	Once Or Twice	Sometimes	Once Or Twice	No	Sometimes	Once Or Twice	Once Or Twice
12	AS	Often	Often	No	Sometimes	Often	No	Often	Once Or Twice	Often	Sometimes	Sometimes	Sometimes	Often
13	AS	Sometimes	Sometimes	No	Often	Once Or Twice	Sometimes	Sometimes	Often	Once Or Twice	Once Or Twice	Sometimes	Often	No
14	GK	Often	Sometimes	No	Often	No	No	Once Or Twice	Sometimes	Often	Often	Sometimes	Sometimes	Once Or Twice
15	VK	Often	Once Or Twice	Sometimes	No	No	Once Or Twice	Sometimes	No	No	Often	No	Once Or Twice	No
16	RD	No	Often	No	Sometimes	Sometimes	No	Often	Once Or Twice	Once Or Twice	Sometimes	Once Or Twice	Often	No
17	NS	Sometimes	Sometimes	No	Often	Once Or Twice	No	Once Or Twice	Sometimes	Often	Often	Often	Sometimes	Sometimes
18	HS	Often	Once Or Twice	No	Often	No	Sometimes	No	Once Or Twice	No	Often	Sometimes	Sometimes	Once Or Twice
19	PS	Once Or Twice	Often	Once Or Twice	Once Or Twice	Once Or Twice	No	Sometimes	No	Sometimes	Sometimes	Sometimes	Sometimes	No
20	NS	Often	Sometimes	No	Often	Often	No	Once Or Twice	Once Or Twice	Once Or Twice	Once Or Twice	Once Or Twice	Once Or Twice	Once Or Twice
21	JS	Sometimes	Sometimes	Once Or Twice	Once Or Twice	No	No	Often	Often	Often	Often	Often	Sometimes	No
22	VK	Often	Once Or Twice	No	Sometimes	Sometimes	Sometimes	Sometimes	Sometimes	Often	Sometimes	Sometimes	Often	Sometimes
23	GS	Once Or Twice	Often	Often	Often	No	Once Or Twice	Once Or Twice	No	Sometimes	Often	Sometimes	Sometimes	Once Or Twice
24	RS	Sometimes	Once Or Twice	Once Or Twice	Often	No	No	Once Or Twice	Often	Once Or Twice	Sometimes	No	Often	No
25	DK	Often	Sometimes	Sometimes	Often	Once Or Twice	Once Or Twice	Often	Once Or Twice	Often	Once Or Twice	Often	Sometimes	No
26	KS	Once Or Twice	Sometimes	No	Often	No	No	Sometimes	Once Or Twice	Often	Sometimes	No	Once Or Twice	Sometimes
27	GS	Sometimes	Once Or Twice	Once Or Twice	No	Once Or Twice	No	Once Or Twice	Often	No	Often	Once Or Twice	Sometimes	Once Or Twice
28	PK	Often	No	No	Once Or Twice	No	No	Sometimes	Once Or Twice	Once Or Twice	Often	Sometimes	Often	Sometimes
29	HS	Sometimes	Often	Sometimes	Sometimes	Once Or Twice	Sometimes	Once Or Twice	Sometimes	No	Sometimes	No	Sometimes	Once Or Twice
30	PS	Often	Sometimes	No	Often	Often	Sometimes	Often	No	Once Or Twice	Once Or Twice	Once Or Twice	Sometimes	Sometimes
31	PS	Once Or Twice	Often	Once Or Twice	Once Or Twice	No	No	Once Or Twice	Often	Often	Often	Often	Often	No
32	L	Once Or Twice	Sometimes	No	Sometimes	Once Or Twice	Once Or Twice	Sometimes	Once Or Twice	No	Sometimes	Sometimes	Sometimes	No
33	KS	Sometimes	Sometimes	Once Or Twice	Often	Once Or Twice	No	Once Or Twice	No	Sometimes	Often	Often	Once Or Twice	Once Or Twice
34	RS	Often	Often	Often	Once Or Twice	Sometimes	No	Often	Sometimes	Once Or Twice	Often	Sometimes	Sometimes	No
35	PM	Often	Sometimes	Once Or Twice	Often	Once Or Twice	Once Or Twice	Often	Once Or Twice	Often	Sometimes	Often	Often	No

Patient S.No.	Patient Name	Subject S.No.	Subject Name	Patient Mrd No	Patient Age	Patient Gender	Patient Education	Patient Occupation	Patient Monthly Income	Patient Family Type	Patient Type Of Substance Abuse	Patient Primary Substance	Patient Duration Of Substance Abuse	Subject Age	Subject Gender	Subject Education	Subject Occupation	Subject Income	Subject Family Type	Subject Type Of Substance Abuse Of Spouse	Subject Duration Of Substance Abuse Of Spouse	Subject CQ Score: Engaged Coping
36	NS	36	JK	506950	36-45 Years	Male	Graduate	Farmer	36,000	Nuclear	Raw Opium	Opioid	>10 Years	36-45 Years	Female	Upto Matric	Household	0	Nuclear	Raw Opium	>10 Years	17
37	SS	37	SK	852949	26-35 Years	Male	Upto Matric	Semi Skilled	18,000	Nuclear	Heroin	Opioid	1-5 Years	26-35 Years	Female	Upto Matric	Household	0	Nuclear	Heroin	<1 Year	18
38	VS	38	JK	102866	26-35 Years	Male	Higher Secondary	Semi Skilled	20,000	Extended	Raw Opium	Opioid	6-10 Years	26-35 Years	Female	Upto Matric	Household	0	Joint	Raw Opium	1-5 Years	33
39	A	39	S	852363	18-25 Years	Male	Graduate	Farmer	36,000	Nuclear	Heroin	Opioid	1-5 Years	18-25 Years	Female	Upto Matric	Household	0	Nuclear	Not Known	<1 Year	25
40	RS	40	A	856432	26-35 Years	Male	Higher Secondary	Businessman	14,000	Nuclear	Heroin	Opioid	1-5 Years	26-35 Years	Female	Upto Matric	Household	0	Nuclear	Heroin	1-5 Years	22
41	VG	41	T	855253	26-35 Years	Male	Upto Matric	Farmer	15,000	Extended	Heroin	Opioid	1-5 Years	26-35 Years	Female	Upto Matric	Household	0	Nuclear	Not Known	<1 Year	34
42	HS	42	GK	855836	26-35 Years	Male	Upto Matric	Skilled	22,000	Nuclear	Raw Opium	Opioid	1-5 Years	46-60 Years	Female	Upto Matric	Household	0	Nuclear	Not Known	1-5 Years	22
43	IS	43	AK	850109	18-25 Years	Male	Upto Matric	Semi Skilled	33,000	Nuclear	Heroin	Opioid	1-5 Years	18-25 Years	Female	Upto Matric	Household	0	Nuclear	Not Known	1-5 Years	22
44	NG	44	R	855887	26-35 Years	Male	Graduate	Semi Skilled	40,000	Joint	Raw Opium	Opioid	1-5 Years	26-35 Years	Female	Graduate	Semi Skilled	22,000	Nuclear	Not Known	1-5 Years	26
45	AS	45	A	47632	18-25 Years	Male	Graduate	Businessman	50,000	Nuclear	Raw Opium	Opioid	1-5 Years	18-25 Years	Female	Upto Matric	Farmer	15,000	Nuclear	Raw Opium	1-5 Years	32
46	HS	46	S	854952	46-60 Years	Male	Higher Secondary	Semi Skilled	20,000	Extended	Raw Opium	Opioid	1-5 Years	46-60 Years	Female	Upto Matric	Household	0	Extended	Raw Opium	1-5 Years	21
47	HS	47	GK	854815	18-25 Years	Male	Graduate	Semi Skilled	28,000	Joint	Raw Opium	Opioid	1-5 Years	46-60 Years	Female	Illiterate	Skilled	4,000	Extended	Raw Opium	1-5 Years	32
48	SS	48	SK	907624	26-35 Years	Male	Higher Secondary	Semi Skilled	28,000	Joint	Raw Opium	Opioid	1-5 Years	46-60 Years	Female	Graduate	Skilled	20,000	Joint	Raw Opium	1-5 Years	29
49	SK	49	N	907779	26-35 Years	Male	Higher Secondary	Semi Skilled	22,000	Joint	Raw Opium	Opioid	6-10 Years	18-25 Years	Female	Higher Secondary	Household	0	Joint	Not Known	1-5 Years	29
50	GS	50	GK	907576	26-35 Years	Male	Higher Secondary	Farmer	38,000	Joint	Heroin	Opioid	1-5 Years	18-25 Years	Female	Upto Matric	Skilled	8,000	Joint	Not Known	1-5 Years	31
51	RK	51	P	906888	26-35 Years	Male	Upto Matric	Semi Skilled	22,000	Joint	Alcohol	Alcohol	1-5 Years	26-35 Years	Female	Graduate	Semi Skilled	22,000	Joint	Alcohol	<1 Year	18
52	RS	52	R	902935	46-60 Years	Male	Graduate	Businessman	45,000	Nuclear	Alcohol	Alcohol	>10 Years	46-60 Years	Female	Upto Matric	Skilled	14,000	Nuclear	Alcohol	>10 Years	33
53	JS	53	IK	404595	36-45 Years	Male	Higher Secondary	Skilled	15,000	Joint	Alcohol	Alcohol	>10 Years	36-45 Years	Female	Upto Matric	Household	0	Joint	Alcohol	>10 Years	33
54	HS	54	KK	829372	36-45 Years	Male	Higher Secondary	Skilled	40,000	Extended	Alcohol	Alcohol	>10 Years	36-45 Years	Female	Higher Secondary	Household	0	Extended	Alcohol	>10 Years	35
55	SS	55	SD	825752	36-45 Years	Male	Upto Matric	Skilled	30,000	Joint	Alcohol	Alcohol	6-10 Years	26-35 Years	Female	Upto Matric	Skilled	6,000	Joint	Alcohol	6-10 Years	24
56	SS	56	JK	951258	36-45 Years	Male	Graduate	Farmer	60,000	Nuclear	Alcohol	Alcohol	6-10 Years	36-45 Years	Female	Higher Secondary	Skilled	25,000	Nuclear	Alcohol	6-10 Years	28
57	HS	57	HK	869991	36-45 Years	Male	Upto Matric	Skilled	27,000	Joint	Alcohol	Alcohol	1-5 Years	36-45 Years	Female	Upto Matric	Household	0	Joint	Alcohol	1-5 Years	29
58	RS	58	PK	653512	36-45 Years	Male	Higher Secondary	Skilled	13,000	Joint	Alcohol	Alcohol	>10 Years	36-45 Years	Female	Upto Matric	Household	0	Joint	Alcohol	>10 Years	28
59	G	59	PK	873050	26-35 Years	Male	Graduate	Farmer	60,000	Joint	Alcohol	Alcohol	6-10 Years	26-35 Years	Female	Graduate	Household	0	Joint	Alcohol	6-10 Years	29
60	RS	60	R	851806	46-60 Years	Male	Graduate	Businessman	30,000	Joint	Alcohol	Alcohol	6-10 Years	46-60 Years	Female	Graduate	Household	0	Nuclear	Alcohol	1-5 Years	22
61	TS	61	RK	858594	46-60 Years	Male	Higher Secondary	Skilled	40,000	Nuclear	Alcohol	Alcohol	>10 Years	46-60 Years	Female	Higher Secondary	Household	0	Nuclear	Alcohol	>10 Years	40
62	RS	62	MK	837936	26-35 Years	Male	Graduate	Farmer	18,000	Joint	Alcohol	Alcohol	1-5 Years	26-35 Years	Female	Higher Secondary	Household	0	Extended	Alcohol	1-5 Years	33
63	SS	63	PS	91985	36-45 Years	Male	Graduate	Farmer	30,000	Joint	Alcohol	Alcohol	1-5 Years	36-45 Years	Female	Post Graduate	Skilled	20,000	Joint	Alcohol	1-5 Years	34

Patient S.No.	Patient Name	Subject CQ Score: Tolerant Coping	Subject CQ Score: Withdrawal Coping	Subject SPCS Score	Number of Times Admitted for Medical Problems	How Troubled/ Bothered by Medical Problems	Is Treatment for Medical Problems Important Now	Education Completed	Someone Contributes To Support	Support Constitutes The Majority Of Your Support	How Troubled/ Bothered By Employment Problem	Which Substance Major Problem	How Many Times Overdosed	How Many Times Treated For Drug Problem	Ever Been Arrested	Blood Relatives Ever Been On Drugs	Relations With Loved Ones	Psychiatric Comorbidity	Engaged Coping: Refused Money	Engaged Coping: Talked About
36	NS	5	8	Medium (17-52.6)	1-5 Times	Moderate	Yes	Upto Matric	No	No	Moderate	Raw Opium	1-5 Times	1-5 Times	1-5 Times	No	Not Good	Yes	Once Or Twice	Sometimes
37	SS	16	5	Medium (17-52.6)	1-5 Times	Mild	No	Upto Matric	No	No	Mild	Raw Opium	1-5 Times	1-5 Times	1-5 Times	No	Not Good	Yes	Often	Often
38	VS	14	8	Medium (17-52.6)	1-5 Times	Moderate	Yes	Upto Matric	No	No	Moderate	Raw Opium	1-5 Times	1-5 Times	1-5 Times	No	Not Good	Yes	Often	Sometimes
39	A	14	10	High (>52.6)	1-5 Times	Severe	No	Upto Matric	Yes	Yes	Moderate	Heroin	1-5 Times	1-5 Times	1-5 Times	No	Good	Yes	Often	Often
40	RS	13	15	Medium (17-52.6)	1-5 Times	Severe	Yes	Graduate	Yes	Yes	Severe	Heroin	Never	1-5 Times	Never	No	Not Good	Yes	Often	Once Or Twice
41	VG	18	16	High (>52.6)	Never	Mild	No	Upto Matric	No	No	Mild	Heroin	1-5 Times	1-5 Times	1-5 Times	Yes	Not Good	Yes	Sometimes	Often
42	HS	13	15	High (>52.6)	Never	Mild	No	Upto Matric	No	No	Mild	Raw Opium	1-5 Times	1-5 Times	1-5 Times	Yes	Not Good	Yes	Often	Sometimes
43	IS	4	2	Medium (17-52.6)	Never	Mild	Yes	Upto Matric	No	No	Mild	Heroin	Never	Never	Never	No	Not Good	Yes	Often	Sometimes
44	NG	14	12	High (>52.6)	Never	Mild	Yes	Upto Matric	No	No	Mild	Raw Opium	1-5 Times	1-5 Times	1-5 Times	Yes	Not Good	Yes	Often	Sometimes
45	AS	18	15	High (>52.6)	Never	Moderate	Yes	Graduate	No	No	Moderate	Raw Opium	Never	Never	Never	No	Not Good	Yes	Often	Often
46	HS	15	14	High (>52.6)	>5 Times	Severe	Yes	Upto Matric	No	No	Severe	Raw Opium	>5 Times	>5 Times	Never	No	Good	Yes	Often	Sometimes
47	HS	18	15	High (>52.6)	1-5 Times	Mild	Yes	Graduate	Yes	Yes	Severe	Raw Opium	1-5 Times	1-5 Times	Never	No	Not Good	No	Often	Often
48	SS	18	14	High (>52.6)	Never	Mild	Yes	Graduate	No	No	Moderate	Raw Opium	Never	Never	Never	No	Not Good	No	Often	Sometimes
49	SK	18	14	High (>52.6)	Never	Moderate	Yes	Upto Matric	No	No	Moderate	Raw Opium	Never	Never	Never	No	Not Good	No	Often	Sometimes
50	GS	20	15	High (>52.6)	Never	Mild	Yes	Graduate	No	No	Moderate	Heroin	Never	Never	Never	No	Not Good	No	Often	Sometimes
51	RK	13	5	Medium (17-52.6)	1-5 Times	Moderate	Yes	Upto Matric	No	No	Moderate	Raw Opium	1-5 Times	1-5 Times	1-5 Times	No	Not Good	Yes	No	Often
52	RS	1	7	Medium (17-52.6)	1-5 Times	Mild	No	Post Graduate	Yes	Yes	Mild	Alcohol	>5 Times	1-5 Times	Never	No	Good	No	Sometimes	Often
53	JS	1	7	Medium (17-52.6)	>5 Times	Moderate	Yes	Upto Matric	Yes	Yes	Moderate	Alcohol	1-5 Times	1-5 Times	Never	No	Good	Yes	No	Often
54	HS	19	14	High (>52.6)	>5 Times	Severe	Yes	Graduate	Yes	Yes	Severe	Alcohol	>5 Times	>5 Times	Never	No	Not Good	Yes	Sometimes	Often
55	SS	17	8	High (>52.6)	>5 Times	Severe	Yes	Upto Matric	Yes	Yes	Severe	Alcohol	>5 Times	>5 Times	Never	Yes	Not Good	No	No	Often
56	SS	18	13	High (>52.6)	>5 Times	Severe	Yes	Graduate	No	No	Severe	Alcohol	>5 Times	>5 Times	Never	No	Not Good	Yes	No	Often
57	HS	20	12	High (>52.6)	Never	Moderate	Yes	Upto Matric	No	No	Moderate	Alcohol	Never	1-5 Times	Never	No	Not Good	No	No	Once Or Twice
58	RS	18	14	High (>52.6)	>5 Times	Severe	Yes	Upto Matric	No	No	Severe	Alcohol	>5 Times	>5 Times	1-5 Times	Yes	Not Good	Yes	Sometimes	Often
59	G	18	14	High (>52.6)	1-5 Times	Moderate	Yes	Graduate	No	No	Moderate	Alcohol	1-5 Times	1-5 Times	Never	Yes	Not Good	Yes	No	Often
60	RS	19	17	High (>52.6)	1-5 Times	Moderate	Yes	Graduate	No	No	Moderate	Alcohol	1-5 Times	1-5 Times	Never	No	Not Good	No	Sometimes	Often
61	TS	26	14	High (>52.6)	1-5 Times	Severe	Yes	Upto Matric	No	No	Severe	Alcohol	Never	1-5 Times	Never	No	Not Good	No	No	Often
62	RS	25	16	High (>52.6)	1-5 Times	Mild	Yes	Post Graduate	No	No	Moderate	Alcohol	1-5 Times	1-5 Times	Never	No	Not Good	No	No	Often
63	SS	23	15	High (>52.6)	1-5 Times	Severe	Yes	Graduate	No	No	Severe	Alcohol	Never	1-5 Times	1-5 Times	Yes	Not Good	No	No	Often

Patient S.No.	Patient Name	Engaged Coping: Argued	Engaged Coping: Pleaded	Engaged Coping: Upset	Engaged Coping: Rules & Regulations	Engaged Coping: Oath	Engaged Coping: Moody	Engaged Coping: Checked Up	Engaged Coping: Wont Accept Reasons	Engaged Coping: Family Contribution	Engaged Coping: Accused	Engaged Coping: Sort Out	Engaged Coping: Searched	Tolerant Coping: Put Yourself	Tolerant Coping: Given Money	Tolerant Coping: Felt Frightened
36	NS	Often	Often	Often	Sometimes	Often	Often	Sometimes	Often	Often	Sometimes	Often	Sometimes	Often	No	Once Or Twice
37	SS	Often	Sometimes	Often	Often	Often	Sometimes	Sometimes	Often	Often	Often	Sometimes	Once Or Twice	Often	Once Or Twice	Once Or Twice
38	VS	Often	Often	Often	Sometimes	Sometimes	Often	Sometimes	Sometimes	Sometimes	Often	Often	Sometimes	Sometimes	No	Sometimes
39	A	Often	Often	Often	Often	Often	Often	Often	Often	Often	Sometimes	Sometimes	Often	Often	No	Often
40	RS	Once Or Twice	Often	Often	Often	Often	Often	Often	Often	Often	Often	Often	Sometimes	Sometimes	No	Once Or Twice
41	VG	Often	Often	Often	Sometimes	Often	Sometimes	Sometimes	Often	Often	Often	Often	Sometimes	Often	No	Sometimes
42	HS	Often	Often	Often	Often	Often	Often	Often	Often	Often	Sometimes	Sometimes	Often	Once Or Twice	No	Often
43	IS	Often	Often	Often	Sometimes	Often	Often	Sometimes	Often	Often	Often	Often	Sometimes	Often	No	Sometimes
44	NG	Sometimes	Often	Often	Sometimes	Often	Often	Sometimes	Often	Often	Often	Often	Sometimes	Often	No	Often
45	AS	Often	Often	Often	Often	Often	Often	Sometimes	Often	Often	Often	Often	Sometimes	Sometimes	No	Sometimes
46	HS	Often	Often	Often	Often	Often	Often	Sometimes	Often	Often	Often	Often	Sometimes	Often	No	Often
47	HS	Often	Often	Often	Sometimes	Often	Often	Sometimes	Often	Often	Often	Often	Sometimes	Once Or Twice	No	Sometimes
48	SS	Sometimes	Often	Often	Often	Often	Often	Sometimes	Often	Often	Often	Often	Sometimes	Often	No	Often
49	SK	Often	Often	Often	Often	Often	Often	Sometimes	Often	Often	Often	Often	Sometimes	Sometimes	No	Often
50	GS	Often	Often	Often	Sometimes	Often	Often	Sometimes	Often	Often	Often	Often	Sometimes	Once Or Twice	No	Often
51	RK	No	No	Once Or Twice	No	No	No	No	No	No	No	No	No	No	Often	Sometimes
52	RS	Often	Often	Often	Sometimes	Sometimes	Sometimes	Once Or Twice	Often	Often	Once Or Twice	Sometimes	Once Or Twice	Often	No	Once Or Twice
53	JS	Sometimes	Often	Often	No	Often	Often	No	No	Often	Sometimes	Often	No	Often	Often	No
54	HS	Often	Often	Often	Often	Sometimes	Sometimes	Sometimes	Often	Often	Sometimes	Often	Once Or Twice	Often	No	Often
55	SS	Often	Once Or Twice	Often	Often	Sometimes	Often	No	No	Often	Often	Sometimes	Sometimes	No	No	Once Or Twice
56	SS	Often	Often	Often	Sometimes	Often	Once Or Twice	No	No	Often	Once Or Twice	Once Or Twice	No	Once Or Twice	Once Or Twice	Sometimes
57	HS	Sometimes	Often	Often	Often	Sometimes	No	No	Often	Often	Sometimes	Often	Sometimes	Once Or Twice	Sometimes	Once Or Twice
58	RS	Often	Once Or Twice	Often	Often	No	Often	Sometimes	Often	Often	No	Sometimes	No	Often	No	Once Or Twice
59	G	Often	Often	Often	Often	Sometimes	No	No	No	Sometimes	No	Sometimes	Sometimes	Often	Sometimes	No
60	RS	Often	Often	Often	Often	Often	Once Or Twice	Sometimes	No	Often	Once Or Twice	Often	No	Once Or Twice	No	Sometimes
61	TS	Often	Often	Often	No	No	Often	Sometimes	No	No	Often	Often	No	Often	Sometimes	Once Or Twice
62	RS	Often	Often	Often	Often	Sometimes	Often	Sometimes	Often	Often	Often	Often	Sometimes	Once Or Twice	No	Once Or Twice
63	SS	No	Often	Sometimes	No	Often	Sometimes	Often	Often	Often	Once Or Twice	Often	Once Or Twice	Often	No	No

Patient S.No.	Patient Name	Tolerant Coping: Felt Hopeless	Tolerant Coping: Give Threats	Tolerant Coping: Indesicive	Tolerant Coping: Unchangable	Tolerant Coping: Made Excuses	Tolerant Coping: Things Normal	Withdrawal Coping: Put Intrest	Withdrawal Coping: Left Alone	Withdrawal Coping: New Intrest	Withdrawal Coping: Avoided Him	Withdrawal Coping: Got On With	Withdrawal Coping: Stood With Him	Withdrawal Coping: Put Yourself
36	NS	Sometimes	Often	No	Sometimes	No	No	Sometimes	No	Once Or Twice	Once Or Twice	Sometimes	Sometimes	Once Or Twice
37	SS	Once Or Twice	Sometimes	Once Or Twice	Often	Once Or Twice	Sometimes	Once Or Twice	Once Or Twice	No	Often	Often	Sometimes	No
38	VS	Often	Often	Often	Often	Sometimes	No	Once Or Twice	Sometimes	Sometimes	Sometimes	Sometimes	Once Or Twice	No
39	A	Often	Sometimes	Once Or Twice	Sometimes	Once Or Twice	Once Or Twice	Often	Once Or Twice	Often	Often	Often	Often	No
40	RS	Often	Often	No	Often	Once Or Twice	No	Sometimes	No	Once Or Twice	Often	Sometimes	Sometimes	No
41	VG	Often	Sometimes	No	Often	No	No	Once Or Twice	Once Or Twice	Sometimes	Once Or Twice	Sometimes	Often	No
42	HS	Often	Often	Once Or Twice	Often	Once Or Twice	Sometimes	Once Or Twice	No	Often	Sometimes	Sometimes	Sometimes	No
43	IS	Often	Sometimes	Often	Often	Once Or Twice	No	Once Or Twice	Once Or Twice	Once Or Twice	Often	Often	Sometimes	No
44	NG	Often	Sometimes	No	Often	Sometimes	Once Or Twice	Once Or Twice	No	Once Or Twice	Sometimes	Sometimes	Sometimes	No
45	AS	Often	Sometimes	No	Often	No	No	Once Or Twice	Once Or Twice	Often	Once Or Twice	Sometimes	Sometimes	No
46	HS	Often	Sometimes	No	Often	No	Sometimes	Once Or Twice	Once Or Twice	Once Or Twice	Often	Often	Sometimes	No
47	HS	Often	Sometimes	No	Often	No	No	Once Or Twice	Once Or Twice	Once Or Twice	Sometimes	Sometimes	Sometimes	No
48	SS	Often	Sometimes	No	Often	No	No	Once Or Twice	Once Or Twice	Often	Often	Sometimes	Sometimes	No
49	SK	Often	Sometimes	Often	Often	No	No	Once Or Twice	Once Or Twice	Often	Sometimes	Sometimes	Sometimes	No
50	GS	Often	Sometimes	No	Often	No	Sometimes	Once Or Twice	Once Or Twice	Often	Often	Sometimes	Sometimes	No
51	RK	Sometimes	Often	No	Often	Sometimes	Sometimes	Once Or Twice	Often	No	Sometimes	Often	Sometimes	Sometimes
52	RS	No	Sometimes	Often	No	Sometimes	Once Or Twice	Once Or Twice	Once Or Twice	Once Or Twice	Often	No	No	No
53	JS	Once Or Twice	No	No	No	No	Sometimes	Once Or Twice	Often	No	No	Often	Once Or Twice	No
54	HS	Once Or Twice	No	Often	Often	Once Or Twice	No	Often	No	Once Or Twice	Once Or Twice	Often	Sometimes	Once Or Twice
55	SS	Often	Sometimes	No	No	No	Once Or Twice	Once Or Twice	Once Or Twice	No	Sometimes	No	Once Or Twice	Often
56	SS	Once Or Twice	No	Often	No	Once Or Twice	Sometimes	Once Or Twice	Often	No	Once Or Twice	Often	Sometimes	No
57	HS	Sometimes	Sometimes	No	No	No	Often	Often	Once Or Twice	No	Sometimes	Sometimes	Once Or Twice	Once Or Twice
58	RS	No	No	No	Once Or Twice	Sometimes	Once Or Twice	No	Sometimes	No	No	No	Once Or Twice	No
59	G	Once Or Twice	No	No	No	Once Or Twice	Sometimes	Often	No	No	Often	Sometimes	No	No
60	RS	Sometimes	Once Or Twice	Often	No	Once Or Twice	Often	No	Often	No	Sometimes	No	Once Or Twice	Once Or Twice
61	TS	No	No	Sometimes	No	No	No	Once Or Twice	Once Or Twice	No	No	Once Or Twice	Sometimes	No
62	RS	Once Or Twice	Sometimes	No	No	Sometimes	Sometimes	Often	No	No	Often	Often	Sometimes	Once Or Twice
63	SS	Once Or Twice	No	No	No	No	Often	No	No	No	No	No	Once Or Twice	No

Patient S.No.	Patient Name	Subject S.No.	Subject Name	Patient Mrd No	Patient Age	Patient Gender	Patient Education	Patient Occupation	Patient Monthly Income	Patient Family Type	Patient Type Of Substance Abuse	Patient Primary Substance	Patient Duration Of Substance Abuse	Subject Age	Subject Gender	Subject Education	Subject Occupation	Subject Income	Subject Family Type	Subject Type Of Substance Abuse Of Spouse	Subject Duration Of Substance Abuse Of Spouse	Subject CQ Score: Engaged Coping
64	RS	64	P	828958	46-60 Years	Male	Graduate	Businessman	40,000	Nuclear	Alcohol	Alcohol	>10 Years	46-60 Years	Female	Upto Matric	Household	0	Nuclear	Alcohol	>10 Years	20
65	BS	65	PK	102115	46-60 Years	Male	Upto Matric	Businessman	50,000	Nuclear	Alcohol	Alcohol	>10 Years	46-60 Years	Female	Illiterate	Household	0	Nuclear	Alcohol	>10 Years	33
66	JS	66	D	922286	26-35 Years	Male	Upto Matric	Farmer	28,000	Joint	Alcohol	Alcohol	1-5 Years	18-25 Years	Female	Upto Matric	Household	0	Joint	Alcohol	1-5 Years	28
67	GS	67	JK	155791	36-45 Years	Male	Graduate	Semi Skilled	30,000	Joint	Alcohol	Alcohol	1-5 Years	36-45 Years	Female	Upto Matric	Semi Skilled	15,000	Joint	Not Known	1-5 Years	33
68	GM	68	R	889346	26-35 Years	Male	Upto Matric	Farmer	55,000	Joint	Alcohol	Alcohol	6-10 Years	26-35 Years	Female	Upto Matric	Skilled	35,000	Joint	Alcohol	<1 Year	33
69	CS	69	KK	759012	26-35 Years	Male	Higher Secondary	Semi Skilled	37,000	Nuclear	Alcohol	Alcohol	6-10 Years	26-35 Years	Female	Higher Secondary	Household	0	Joint	Alcohol	1-5 Years	29
70	SK	70	D	906865	46-60 Years	Male	Upto Matric	Semi Skilled	40,000	Joint	Alcohol	Alcohol	>10 Years	46-60 Years	Female	Upto Matric	Household	0	Joint	Alcohol	6-10 Years	33
71	PS	71	KK	922173	46-60 Years	Male	Upto Matric	Semi Skilled	24,000	Nuclear	Alcohol	Alcohol	6-10 Years	46-60 Years	Female	Upto Matric	Semi Skilled	20,000	Nuclear	Alcohol	6-10 Years	33
72	SS	72	R	922113	26-35 Years	Male	Higher Secondary	Semi Skilled	18,000	Joint	Alcohol	Alcohol	6-10 Years	18-25 Years	Female	Higher Secondary	Household	0	Joint	Alcohol	6-10 Years	28
73	AK	73	SD	752812	46-60 Years	Male	Upto Matric	Farmer	21,000	Extended	Alcohol	Alcohol	>10 Years	26-35 Years	Female	Illiterate	Household	0	Extended	Alcohol	>10 Years	33
74	MS	74	JK	921478	26-35 Years	Male	Upto Matric	Skilled	35,000	Joint	Alcohol	Alcohol	1-5 Years	26-35 Years	Female	Graduate	Household	0	Joint	Alcohol	1-5 Years	34
75	NT	75	R	921385	26-35 Years	Male	Higher Secondary	Businessman	36,000	Joint	Alcohol	Alcohol	1-5 Years	18-25 Years	Female	Upto Matric	Household	0	Joint	Alcohol	1-5 Years	29
76	KS	76	JK	921134	46-60 Years	Male	Illiterate	Semi Skilled	19,000	Nuclear	Alcohol	Alcohol	6-10 Years	18-25 Years	Female	Illiterate	Household	0	Nuclear	Alcohol	6-10 Years	33
77	AK	77	SD	45781	46-60 Years	Male	Illiterate	Semi Skilled	12,000	Nuclear	Alcohol	Alcohol	>10 Years	46-60 Years	Female	Upto Matric	Household	0	Joint	Alcohol	>10 Years	33
78	HS	78	JK	252547	36-45 Years	Male	Higher Secondary	Businessman	36,000	Joint	Alcohol	Alcohol	1-5 Years	36-45 Years	Female	Upto Matric	Household	0	Joint	Alcohol	1-5 Years	40
79	HS	79	JK	924583	46-60 Years	Male	Upto Matric	Semi Skilled	40,000	Nuclear	Alcohol	Alcohol	>10 Years	46-60 Years	Female	Graduate	Semi Skilled	42,000	Nuclear	Alcohol	>10 Years	27
80	PS	80	C	924559	36-45 Years	Male	Higher Secondary	Skilled	50,000	Joint	Alcohol	Alcohol	1-5 Years	26-35 Years	Female	Upto Matric	Household	0	Joint	Alcohol	1-5 Years	22
81	KS	81	GK	924564	18-25 Years	Male	Higher Secondary	Semi Skilled	33,000	Joint	Alcohol	Alcohol	6-10 Years	18-25 Years	Female	Upto Matric	Household	0	Nuclear	Alcohol	1-5 Years	33
82	SS	82	RK	924537	36-45 Years	Male	Upto Matric	Skilled	23,000	Nuclear	Alcohol	Alcohol	>10 Years	36-45 Years	Female	Upto Matric	Household	0	Nuclear	Alcohol	1-5 Years	23
83	BS	83	MK	924858	26-35 Years	Male	Higher Secondary	Shop Owner	10,000	Joint	Alcohol	Alcohol	1-5 Years	18-25 Years	Female	Upto Matric	Household	0	Joint	Alcohol	<1 Year	33
84	SK	84	N	926429	26-35 Years	Male	Higher Secondary	Semi Skilled	13,000	Extended	Alcohol	Alcohol	1-5 Years	18-25 Years	Female	Upto Matric	Household	0	Extended	Alcohol	1-5 Years	33
85	JS	85	KJ	44560	46-60 Years	Male	Upto Matric	Semi Skilled	60,000	Joint	Alcohol	Alcohol	>10 Years	26-35 Years	Female	Illiterate	Household	0	Joint	Alcohol	>10 Years	35
86	RK	86	AB	111139	36-45 Years	Male	Graduate	Farmer	60,000	Nuclear	Alcohol	Alcohol	1-5 Years	26-35 Years	Female	Graduate	Skilled	60,000	Nuclear	Alcohol	1-5 Years	33
87	PS	87	AK	243908	46-60 Years	Male	Upto Matric	Farmer	40,000	Nuclear	Alcohol	Alcohol	>10 Years	46-60 Years	Female	Upto Matric	Household	0	Nuclear	Alcohol	>10 Years	22
88	SS	88	IK	943542	46-60 Years	Male	Upto Matric	Farmer	60,000	Joint	Alcohol	Alcohol	>10 Years	46-60 Years	Female	Graduate	Semi Skilled	40,000	Joint	Alcohol	>10 Years	27
89	AS	89	JK	761978	46-60 Years	Male	Upto Matric	Skilled	30,000	Joint	Alcohol	Alcohol	>10 Years	36-45 Years	Female	Upto Matric	Household	0	Joint	Alcohol	1-5 Years	33
90	KS	90	MK	774332	36-45 Years	Male	Upto Matric	Skilled	50,000	Joint	Alcohol	Alcohol	1-5 Years	36-45 Years	Female	Upto Matric	Household	0	Joint	Alcohol	1-5 Years	26
91	GS	91	P	537459	36-45 Years	Male	Higher Secondary	Semi Skilled	23,000	Joint	Alcohol	Alcohol	6-10 Years	36-45 Years	Female	Higher Secondary	Household	0	Joint	Alcohol	6-10 Years	33

Patient S.No.	Patient Name	Subject CQ Score: Tolerant Coping	Subject CQ Score: Withdrawal Coping	Subject SPCS Score	Number of Times Admitted for Medical Problems	How Troubled/ Bothered by Medical Problems	Is Treatment for Medical Problems Important Now	Education Completed	Someone Contributes To Support	Support Constitutes The Majority Of Your Support	How Troubled/ Bothered By Employment Problem	Which Substance Major Problem	How Many Times Overdosed	How Many Times Treated For Drug Problem	Ever Been Arrested	Blood Relatives Ever Been On Drugs	Relations With Loved Ones	Psychiatric Comorbidity	Engaged Coping: Refused Money	Engaged Coping: Talked About
64	RS	20	16	Medium (17-52.6)	>5 Times	Severe	No	Graduate	No	No	Severe	Alcohol	>5 Times	1-5 Times	>5 Times	Yes	Not Good	No	Often	Often
65	BS	1	7	Medium (17-52.6)	1-5 Times	Severe	Yes	Upto Matric	Yes	Yes	Severe	Alcohol	1-5 Times	1-5 Times	Never	Yes	Not Good	Yes	No	Often
66	JS	18	13	High (>52.6)	Never	Mild	No	Upto Matric	No	No	Mild	Alcohol	Never	Never	Never	No	Not Good	No	No	Often
67	GS	1	7	Medium (17-52.6)	Never	Mild	Yes	Upto Matric	No	Yes	Moderate	Alcohol	Never	Never	Never	No	Not Good	Yes	Often	Once Or Twice
68	GM	1	7	Medium (17-52.6)	1-5 Times	Moderate	Yes	Graduate	No	No	Moderate	Alcohol	1-5 Times	1-5 Times	1-5 Times	No	Not Good	Yes	No	Often
69	CS	20	12	High (>52.6)	1-5 Times	Moderate	No	Upto Matric	No	No	Moderate	Alcohol	1-5 Times	1-5 Times	1-5 Times	Yes	Good	Yes	No	Often
70	SK	1	7	Medium (17-52.6)	>5 Times	Severe	Yes	Upto Matric	Yes	Yes	Severe	Alcohol	>5 Times	>5 Times	>5 Times	Yes	Good	Yes	No	Often
71	PS	1	7	Medium (17-52.6)	>5 Times	Severe	Yes	Graduate	No	Yes	Severe	Alcohol	>5 Times	>5 Times	>5 Times	Yes	Not Good	Yes	No	Often
72	SS	18	13	Medium (17-52.6)	1-5 Times	Moderate	No	Upto Matric	No	No	Moderate	Alcohol	1-5 Times	1-5 Times	1-5 Times	No	Not Good	Yes	Sometimes	Often
73	AK	1	7	Medium (17-52.6)	>5 Times	Severe	Yes	Upto Matric	Yes	Yes	Moderate	Alcohol	>5 Times	>5 Times	>5 Times	Yes	Good	Yes	No	Once Or Twice
74	MS	23	15	High (>52.6)	1-5 Times	Moderate	No	Upto Matric	No	Yes	Moderate	Alcohol	>5 Times	>5 Times	>5 Times	Yes	Good	Yes	No	Often
75	NT	18	14	High (>52.6)	Never	Mild	No	Upto Matric	No	No	Mild	Alcohol	Never	Never	Never	No	Not Good	Yes	No	Often
76	KS	1	7	Medium (17-52.6)	>5 Times	Severe	Yes	Upto Matric	No	No	Severe	Alcohol	>5 Times	>5 Times	>5 Times	Yes	Not Good	Yes	No	Often
77	AK	1	7	Medium (17-52.6)	>5 Times	Severe	Yes	Illiterate	No	No	Severe	Alcohol	>5 Times	>5 Times	>5 Times	Yes	Not Good	Yes	Once Or Twice	Often
78	HS	26	14	High (>52.6)	1-5 Times	Moderate	No	Upto Matric	No	No	Mild	Alcohol	1-5 Times	1-5 Times	1-5 Times	No	Not Good	No	Sometimes	Often
79	HS	18	14	Medium (17-52.6)	1-5 Times	Moderate	Yes	Upto Matric	No	No	Moderate	Alcohol	1-5 Times	1-5 Times	1-5 Times	No	Not Good	Yes	No	Often
80	PS	20	18	High (>52.6)	Never	Moderate	Yes	Upto Matric	No	No	Moderate	Alcohol	1-5 Times	1-5 Times	1-5 Times	No	Not Good	No	No	Often
81	KS	1	7	Medium (17-52.6)	Never	Mild	Yes	Upto Matric	No	No	Mild	Alcohol	Never	Never	Never	No	Not Good	No	No	Sometimes
82	SS	25	16	High (>52.6)	1-5 Times	Moderate	Yes	Upto Matric	Yes	Yes	Moderate	Alcohol	1-5 Times	1-5 Times	1-5 Times	Yes	Not Good	Yes	Often	Often
83	BS	1	7	Medium (17-52.6)	Never	Mild	No	Upto Matric	No	No	Moderate	Alcohol	Never	Never	Never	Yes	Not Good	No	Often	Often
84	SK	1	7	High (>52.6)	1-5 Times	Moderate	Yes	Upto Matric	No	No	Moderate	Alcohol	1-5 Times	1-5 Times	1-5 Times	No	Not Good	No	No	Often
85	JS	19	14	High (>52.6)	>5 Times	Severe	Yes	Upto Matric	Yes	Yes	Severe	Alcohol	>5 Times	>5 Times	>5 Times	No	Not Good	No	Sometimes	Often
86	RK	1	7	High (>52.6)	1-5 Times	Moderate			No	No	Moderate	Alcohol	1-5 Times	1-5 Times	1-5 Times	No	Not Good	Yes	Sometimes	Often
87	PS	20	11	High (>52.6)	>5 Times	Severe	No	Upto Matric	No	No	Moderate	Alcohol	>5 Times	>5 Times	>5 Times	No	Not Good	Yes	No	Often
88	SS	18	14	High (>52.6)	1-5 Times	Moderate	Yes	Graduate	No	No	Moderate	Alcohol	1-5 Times	1-5 Times	1-5 Times	No	Not Good	Yes	Sometimes	Sometimes
89	AS	1	7	High (>52.6)	1-5 Times	Moderate	No	Upto Matric	No	No	Moderate	Alcohol	1-5 Times	1-5 Times	1-5 Times	No	Not Good	No	No	Often
90	KS	17	8	High (>52.6)	Never	Mild	Yes	Upto Matric	No	No	Mild	Alcohol	1-5 Times	1-5 Times	1-5 Times	No	Not Good	No	No	Often
91	GS	1	7	Medium (17-52.6)	>5 Times	Severe	Yes	Graduate	No	No	Severe	Alcohol	>5 Times	>5 Times	>5 Times	Yes	Not Good	Yes	No	Often

Patient S.No.	Patient Name	Engaged Coping: Argued	Engaged Coping: Pleaded	Engaged Coping: Upset	Engaged Coping: Rules & Regulations	Engaged Coping: Oath	Engaged Coping: Moody	Engaged Coping: Checked Up	Engaged Coping: Wont Accept Reasons	Engaged Coping: Family Contribution	Engaged Coping: Accused	Engaged Coping: Sort Out	Engaged Coping: Searched	Tolerant Coping: Put Yourself	Tolerant Coping: Given Money	Tolerant Coping: Felt Frightened
64	RS	Often	Often	Often	Often	Sometimes	Often	No	No	Often	Sometimes	Sometimes	Once Or Twice	Once Or Twice	No	Once Or Twice
65	BS	Once Or Twice	Often	Often	Often	Sometimes	Once Or Twice	Sometimes	No	Once Or Twice	Often	Sometimes	Sometimes	Once Or Twice	Sometimes	Sometimes
66	JS	Often	Often	Once Or Twice	Often	Often	Often	No	No	Often	No	Often	Sometimes	Once Or Twice	No	Once Or Twice
67	GS	Often	Often	Often	Sometimes	Often	No	No	Often	Often	No	Sometimes	No	Often	No	Often
68	GM	Often	Sometimes	Often	Once Or Twice	No	Often	No	Often	Often	Sometimes	Sometimes	Once Or Twice	Once Or Twice	No	Once Or Twice
69	CS	Often	Often	Often	Often	Sometimes	Sometimes	Sometimes	No	Often	No	Often	Sometimes	Once Or Twice	No	No
70	SK	Often	Often	Often	Often	Often	Often	Sometimes	No	Sometimes	Sometimes	Sometimes	Sometimes	Often	No	Sometimes
71	PS	Once Or Twice	Often	Sometimes	Often	Sometimes	Sometimes	No	Once Or Twice	Often	Often	Often	No	Once Or Twice	No	Once Or Twice
72	SS	Often	Often	Often	No	Often	Often	No	Once Or Twice	Often	Often	Often	Once Or Twice	Once Or Twice	No	No
73	AK	Often	Often	Often	No	Once Or Twice	Often	Sometimes	Often	Once Or Twice	Once Or Twice	Sometimes	Sometimes	Often	No	No
74	MS	Often	Often	Often	Often	Often	Often	No	Often	Sometimes	Sometimes	Often	No	Once Or Twice	No	Sometimes
75	NT	Often	Often	Often	Often	No	Once Or Twice	No	Once Or Twice	Often	Often	Often	Often	Once Or Twice	No	Once Or Twice
76	KS	Often	Often	Often	Once Or Twice	Often	No	No	Often	Sometimes	No	Sometimes	Often	Once Or Twice	No	No
77	AK	Sometimes	Often	Often	Often	Sometimes	Sometimes	Sometimes	Once Or Twice	Often	No	Often	No	Sometimes	No	Sometimes
78	HS	Often	Often	Often	Often	Sometimes	Often	Often	Often	Sometimes	Sometimes	Often	Often	Once Or Twice	No	No
79	HS	Often	Often	Often	Sometimes	Often	Often	No	Once Or Twice	Often	No	Sometimes	Often	Once Or Twice	No	No
80	PS	Sometimes	Once Or Twice	Sometimes	Often	Often	Once Or Twice	No	Often	Sometimes	No	Often	Often	Often	No	No
81	KS	Often	Often	Often	No	Once Or Twice	No	Often	Once Or Twice	Often	Once Or Twice	Often	Often	Once Or Twice	No	Sometimes
82	SS	Often	Often	Sometimes	Often	No	Often	No	Often	Often	No	Often	Often	Often	No	No
83	BS	Often	Often	Often	No	Often	Often	No	Once Or Twice	Often	Often	Often	Often	Once Or Twice	No	No
84	SK	Often	Often	Often	Often	Sometimes	No	Often	Often	Often	No	Often	Often	Once Or Twice	No	No
85	JS	Sometimes	Sometimes	Often	No	Often	Often	Often	Once Or Twice	Often	Once Or Twice	Often	Sometimes	Once Or Twice	No	No
86	RK	Often	Often	Often	Often	Sometimes	Sometimes	No	Once Or Twice	Often	Sometimes	Often	Sometimes	Once Or Twice	No	No
87	PS	Often	Often	Often	No	Often	Sometimes	No	Often	Often	Once Or Twice	Often	Sometimes	Often	No	No
88	SS	Sometimes	Often	Often	Once Or Twice	Often	Once Or Twice	No	Sometimes	Often	Sometimes	Often	Sometimes	Often	No	No
89	AS	Often	Often	Often	Often	No	Sometimes	No	Often	Often	Sometimes	Often	Often	Once Or Twice	No	No
90	KS	Often	Often	Often	Sometimes	Often	Often	Often	Often	Often	Sometimes	Often	Sometimes	Sometimes	No	No
91	GS	Sometimes	Often	Sometimes	Often	Sometimes	Often	No	Often	Often	Sometimes	Often	Often	Often	No	No

Patient S.No.	Patient Name	Tolerant Coping: Felt Hopeless	Tolerant Coping: Give Threats	Tolerant Coping: Indesicive	Tolerant Coping: Unchangable	Tolerant Coping: Made Excuses	Tolerant Coping: Things Normal	Withdrawal Coping: Put Intrest	Withdrawal Coping: Left Alone	Withdrawal Coping: New Intrest	Withdrawal Coping: Avoided Him	Withdrawal Coping: Got On With	Withdrawal Coping: Stood With Him	Withdrawal Coping: Put Yourself
64	RS	Sometimes	Often	Sometimes	No	Sometimes	No	Often	Often	Once Or Twice	Once Or Twice	Often	Once Or Twice	Once Or Twice
65	BS	No	No	No	Sometimes	Once Or Twice	Once Or Twice	Sometimes	No	No	No	Once Or Twice	Sometimes	No
66	JS	Once Or Twice	Sometimes	No	Once Or Twice	No	Sometimes	No	No	No	Sometimes	Sometimes	No	No
67	GS	Once Or Twice	Sometimes	No	No	Often	Often	Often	Often	Sometimes	No	No	Once Or Twice	Once Or Twice
68	GM	Sometimes	No	No	Often	No	Once Or Twice	Sometimes	Once Or Twice	No	No	Often	No	Once Or Twice
69	CS	Once Or Twice	No	No	No	No	No	Often	No	No	Sometimes	Sometimes	Often	No
70	SK	No	Sometimes	No	Once Or Twice	Sometimes	Often	No	Once Or Twice	No	Once Or Twice	Once Or Twice	Sometimes	No
71	PS	Once Or Twice	No	No	No	No	Once Or Twice	Once Or Twice	Sometimes	Sometimes	No	Once Or Twice	Once Or Twice	Once Or Twice
72	SS	No	Once Or Twice	No	Sometimes	No	No	Often	No	No	No	Often	No	No
73	AK	No	No	Sometimes	Once Or Twice	Sometimes	Often	Sometimes	Once Or Twice	No	Once Or Twice	Sometimes	Often	No
74	MS	Once Or Twice	Sometimes	Sometimes	No	Once Or Twice	No	Once Or Twice	Sometimes	Sometimes	No	Often	Sometimes	Once Or Twice
75	NT	Once Or Twice	No	No	Sometimes	No	Often	Once Or Twice	Once Or Twice	No	Once Or Twice	Once Or Twice	Once Or Twice	No
76	KS	No	No	No	Once Or Twice	Sometimes	Once Or Twice	Sometimes	No	No	Once Or Twice	Sometimes	Often	No
77	AK	Once Or Twice	Sometimes	No	Sometimes	No	Often	Once Or Twice	Sometimes	Often	No	Often	Once Or Twice	Once Or Twice
78	HS	No	No	No	Once Or Twice	Once Or Twice	Once Or Twice	Once Or Twice	Once Or Twice	No	Once Or Twice	Sometimes	Often	No
79	HS	No	Sometimes	No	No	No	No	Sometimes	Sometimes	No	No	Once Or Twice	Sometimes	Once Or Twice
80	PS	Once Or Twice	Sometimes	No	No	Once Or Twice	Often	Once Or Twice	No	Often	No	Often	Once Or Twice	No
81	KS	Once Or Twice	Once Or Twice	Sometimes	No	Often	Once Or Twice	Sometimes	Once Or Twice	No	Once Or Twice	Sometimes	Often	Once Or Twice
82	SS	Once Or Twice	Sometimes	No	No	Once Or Twice	No	No	No	No	Once Or Twice	Once Or Twice	Once Or Twice	No
83	BS	No	No	No	Once Or Twice	Once Or Twice	Often	Once Or Twice	Once Or Twice	Often	Once Or Twice	Often	Sometimes	No
84	SK	Once Or Twice	No	No	No	No	No	Sometimes	No	No	Once Or Twice	Often	Often	No
85	JS	Once Or Twice	Sometimes	Sometimes	No	Once Or Twice	Once Or Twice	No	No	No	Once Or Twice	Sometimes	Once Or Twice	No
86	RK	No	No	No	No	Once Or Twice	No	Sometimes	No	No	No	Often	Sometimes	No
87	PS	Once Or Twice	No	Once Or Twice	No	No	No	No	No	No	Once Or Twice	Sometimes	Often	No
88	SS	No	Sometimes	No	No	No	No	Sometimes	No	No	No	Often	Sometimes	No
89	AS	No	No	Once Or Twice	No	No	No	Once Or Twice	No	No	Once Or Twice	Often	Sometimes	No
90	KS	Once Or Twice	No	No	No	No	No	No	No	No	No	Sometimes	Sometimes	No
91	GS	Once Or Twice	No	No	No	No	No	No	No	No	No	Sometimes	Often	No

Patient S.No.	Patient Name	Subject S.No.	Subject Name	Patient Mrd No	Patient Age	Patient Gender	Patient Education	Patient Occupation	Patient Monthly Income	Patient Family Type	Patient Type Of Substance Abuse	Patient Primary Substance	Patient Duration Of Substance Abuse	Subject Age	Subject Gender	Subject Education	Subject Occupation	Subject Income	Subject Family Type	Subject Type Of Substance Abuse Of Spouse	Subject Duration Of Substance Abuse Of Spouse	Subject CQ Score: Engaged Coping
92	GS	92	R	775767	46-60 Years	Male	Upto Matric	Skilled	18,000	Joint	Alcohol	Alcohol	>10 Years	46-60 Years	Female	Upto Matric	Household	0	Joint	Alcohol	1-5 Years	33
93	BS	93	HK	776924	36-45 Years	Male	Higher Secondary	Semi Skilled	32,000	Joint	Alcohol	Alcohol	1-5 Years	26-35 Years	Female	Upto Matric	Household	0	Extended	Alcohol	1-5 Years	33
94	GS	94	JK	776315	26-35 Years	Male	Graduate	Farmer	60,000	Nuclear	Alcohol	Alcohol	<1 Year	26-35 Years	Female	Higher Secondary	Household	0	Nuclear	Alcohol	1-5 Years	33
95	JS	95	KK	654315	36-45 Years	Male	Upto Matric	Skilled	14,000	Nuclear	Alcohol	Alcohol	1-5 Years	36-45 Years	Female	Upto Matric	Household	0	Nuclear	Alcohol	1-5 Years	27
96	TS	96	SK	125830	46-60 Years	Male	Illiterate	Shop Owner	12,000	Nuclear	Alcohol	Alcohol	<1 Year	46-60 Years	Female	Illiterate	Household	0	Nuclear	Alcohol	>10 Years	33
97	AB	97	R	448549	36-45 Years	Male	Graduate	Farmer	32,000	Joint	Alcohol	Alcohol	1-5 Years	36-45 Years	Female	Higher Secondary	Household	0	Joint	Alcohol	1-5 Years	33
98	PP	98	S	626293	46-60 Years	Male	Upto Matric	Skilled	28,000	Joint	Alcohol	Alcohol	>10 Years	46-60 Years	Female	Upto Matric	Household	0	Joint	Alcohol	>10 Years	33
99	AS	99	A	631353	36-45 Years	Male	Upto Matric	Semi Skilled	25,000	Nuclear	Alcohol	Alcohol	<1 Year	26-35 Years	Female	Upto Matric	Household	0	Nuclear	Alcohol	<1 Year	33
100	MS	100	S	133222	46-60 Years	Male	Upto Matric	Semi Skilled	21,000	Nuclear	Alcohol	Alcohol	<1 Year	26-35 Years	Female	Upto Matric	Household	0	Nuclear	Alcohol	<1 Year	33

Patient S.No.	Patient Name	Subject CQ Score: Tolerant Coping	Subject CQ Score: Withdrawal Coping	Subject SPCS Score	Number of Times Admitted for Medical Problems	How Troubled/ Bothered by Medical Problems	Is Treatment for Medical Problems Important Now	Education Completed	Someone Contributes To Support	Support Constitutes The Majority Of Your Support	How Troubled/ Bothered By Employment Problem	Which Substance Major Problem	How Many Times Overdosed	How Many Times Treated For Drug Problem	Ever Been Arrested	Blood Relatives Ever Been On Drugs	Relations With Loved Ones	Psychiatric Comorbidity	Engaged Coping: Refused Money	Engaged Coping: Talked About
92	GS	1	7	High (>52.6)	Never	Mild	Yes	Upto Matric	No	No	Mild	Alcohol	Never	Never	1-5 Times	Yes	Good	Yes	Once Or Twice	Often
93	BS	1	7	Medium (17-52.6)	Never	Mild	Yes	Upto Matric	No	No	Mild	Alcohol	Never	Never	1-5 Times	Yes	Good	No	Sometimes	Often
94	GS	10	7	Medium (17-52.6)	Never	Mild	No	Graduate	No	No	Mild	Alcohol	Never	Never	Never	No	Not Good	No	Sometimes	Often
95	JS	18	13	High (>52.6)	Never	Mild	Yes	Upto Matric	Yes	Yes	Mild	Alcohol	Never	Never	Never	No	Not Good	No	Sometimes	Often
96	TS	1	7	Medium (17-52.6)	Never	Severe	No	Illiterate	No	No	Severe	Alcohol	>5 Times	>5 Times	>5 Times	No	Not Good	No	Sometimes	Often
97	AB	25	16	High (>52.6)	1-5 Times	Moderate	No	Graduate	No	No	Moderate	Alcohol	1-5 Times	1-5 Times	1-5 Times	No	Not Good	No	Sometimes	Often
98	PP	1	7	Medium (17-52.6)	1-5 Times	Moderate	No	Upto Matric	No	No	Moderate	Alcohol	1-5 Times	1-5 Times	1-5 Times	No	Not Good	No	Sometimes	Often
99	AS	1	7	High (>52.6)	Never	Moderate	No	Upto Matric	No	No	Moderate	Alcohol	Never	Never	Never	No	Good	No	Sometimes	Often
100	MS	2	7	High (>52.6)	1-5 Times	Moderate	No	Upto Matric	No	No	Moderate	Alcohol	1-5 Times	1-5 Times	1-5 Times	No	Not Good	Yes	Sometimes	Often

Patient S.No.	Patient Name	Engaged Coping: Argued	Engaged Coping: Pleaded	Engaged Coping: Upset	Engaged Coping: Rules & Regulations	Engaged Coping: Oath	Engaged Coping: Moody	Engaged Coping: Checked Up	Engaged Coping: Wont Accept Reasons	Engaged Coping: Family Contribution	Engaged Coping: Accused	Engaged Coping: Sort Out	Engaged Coping: Searched	Tolerant Coping: Put Yourself	Tolerant Coping: Given Money	Tolerant Coping: Felt Frightened
92	GS	Often	Often	Often	Once Or Twice	Often	Sometimes	No	Often	Often	Sometimes	Often	Sometimes	Often	No	No
93	BS	Often	Often	Often	Often	Often	Often	No	Often	Often	Often	Often	Often	Sometimes	No	No
94	GS	Often	Often	Sometimes	Often	Sometimes	Sometimes	No	Often	Often	Sometimes	Often	Often	Sometimes	No	No
95	JS	Sometimes	Often	Often	Once Or Twice	Often	Sometimes	No	Often	Often	Sometimes	Often	Sometimes	Often	No	No
96	TS	Often	Often	Often	Often	Once Or Twice	Once Or Twice	No	Often	Often	Often	Often	Sometimes	Often	No	No
97	AB	Often	Often	Often	Often	Sometimes	Sometimes	No	Often	Often	Sometimes	Often	Often	Often	No	No
98	PP	Often	Often	Often	Often	Often	Once Or Twice	No	Often	Often	Sometimes	Often	Often	Often	No	No
99	AS	Often	Often	Often	Often	Often	Sometimes	No	Often	Often	Sometimes	Often	Sometimes	Often	No	No
100	MS	Often	Often	Often	Often	often	Sometimes	No	Often	Often	Sometimes	Often	Sometimes	Often	No	No

Patient S.No.	Patient Name	Tolerant Coping: Felt Hopeless	Tolerant Coping: Give Threats	Tolerant Coping: Indesicive	Tolerant Coping: Unchangable	Tolerant Coping: Made Excuses	Tolerant Coping: Things Normal	Withdrawal Coping: Put Intrest	Withdrawal Coping: Left Alone	Withdrawal Coping: New Intrest	Withdrawal Coping: Avoided Him	Withdrawal Coping: Got On With	Withdrawal Coping: Stood With Him	Withdrawal Coping: Put Yourself
92	GS	No	No	No	No	No	No	No	No	No	No	Often	Once Or Twice	No
93	BS	Once Or Twice	No	No	No	No	No	Once Or Twice	No	No	No	Sometimes	Once Or Twice	No
94	GS	No	No	Once Or Twice	No	No	No	Once Or Twice	No	No	No	Sometimes	Once Or Twice	No
95	JS	Once Or Twice	No	No	No	No	No	Once Or Twice	No	No	No	Sometimes	Once Or Twice	No
96	TS	Once Or Twice	No	Often	No	No	No	Once Or Twice	No	No	No	Sometimes	Once Or Twice	No
97	AB	Once Or Twice	No	Once Or Twice	No	No	No	Once Or Twice	No	No	No	Sometimes	Once Or Twice	No
98	PP	Once Or Twice	No	Sometimes	No	No	No	Once Or Twice	No	No	No	Sometimes	Once Or Twice	No
99	AS	Once Or Twice	No	Often	No	No	No	Once Or Twice	No	No	No	Sometimes	Once Or Twice	No
100	MS	Once Or Twice	No	Often	No	No	NO	Once Or Twice	No	No	No	Sometimes	Once Or Twice	No

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No. BFUHS/2K19p-TH/ 1.421 Date 9/9/19

The Principal,
DMC, Ludhiana.

Subject: **Approval of Plan of Thesis.**

This is to inform you that the Faculty of Medical Sciences in its meeting held on 29.05.2019 has approved the plan of thesis of **Garima Salonia**, a student of your college for **MD Psychiatry** along with the names of Supervisor/Co-Supervisor as under:-

Topic Plan of Thesis

Codependency and coping strategies in the spouses of substance abusers

Supervisor
Dr. Navkiran S. Mahajan
Prof.,
Dept. of Psychiatry,
DMCH, Ludhiana.

Co-Supervisor
Dr. Ranjive Mahajan
Prof. & Head,
Dept. of Psychiatry,
DMCH, Ludhiana.

The student has to submit the four copies of thesis (along with PDF format) , to the Controller of Examinations, BFUHS, Faridkot, at least six months before the commencement of theory examination, if he/she is otherwise eligible to take the examination. He /She must directed to attach a photocopy of this letter with the forwarding letter while submitting thesis to the University along with the letter of approval of University for change of supervisor/Co-Supervisor, change of topic,(if any).

Dr. S P Singh MS(Oph)
Controller of Examinations

Note :

1. *If any discrepancy found regarding topic of thesis or Supervisor/Co-Supervisor, inform undersigned within one month after issue of this letter.*
2. *The student may submit the thesis as per the schedule already conveyed i.e for May/June examination 30th Nov of the preceding the year of examination and for Nov/Dec examinations 31st May of the year of examination.*

CODEPENDENCY AND COPING STRATEGIES IN THE SPOUSES OF SUBSTANCE ABUSERS

THESIS PROPOSAL

FOR APPROVAL OF SUBJECT OF THESIS TO BE SUBMITTED

IN PARTIAL FULFILMENT OF THE REQUIREMENTS

FOR THE DEGREE OF

Doctor of Medicine

In

PSYCHIATRY

OF THE

BABA FARID UNIVERSITY OF HEALTH SCIENCES
FARIDKOT

NOVEMBER, 2018

DR. GARIMA SALONIA

DEPARTMENT OF PSYCHIATRY
DAYANAND MEDICAL COLLEGE AND HOSPITAL
LUDHIANA

ABSTRACT OF PLAN OF THESIS

Title	CODEPENDENCY AND COPING STRATEGIES IN THE SPOUSES OF SUBSTANCE ABUSERS
For the degree of	MD PSYCHIATRY
Name of the candidate	DR.GARIMA SALONIA
Supervisor	DR. NAVKIRAN S. MAHAJAN, Professor, Department of Psychiatry, DMCH, Ludhiana
Co-supervisor	Dr. Ranjive Mahajan, Professor and Head, Department of Psychiatry, DMCH, Ludhiana
Institution	Dayanand Medical College & Hospital, Ludhiana
University	Baba Farid University of Health Sciences, Faridkot

Introduction: Addiction affects not only the addicted person but the entire family where the family members knowingly or unknowingly nurture, protect and support the addict .For it is in the human nature to help others but sometimes this behavior works as a double edged sword and may make it easier for the addict to continue the downward spiral of the addiction, no matter how much messed up they are somebody from their family will always be there to rescue them. If oneself engages in enabling behavior we indirectly create hindrance in their path of recovery. This kind of help is meaningless in order to prevent these codependent behaviors the family members must identify and learn to avoid such behaviors. These Codependent behaviours allow the addict to avoid the outcome of their action. Perhaps the family members of addict act as the parents because one of them carries out the enablers role. One of the crucial step in creating a healthy environment for the addict and their loved one is to identify these behaviours. Studies reveal that the spouses of the addict at some point or other during the relationship indulge themselves into drinking or used drugs and made excuses to cover up for the addict. In the addicted family system the addicted person becomes the central finger around which the family members organize their actions and behaviours.

Aim of Study:

- To study codependency among the spouses of substance abusers
- To study coping strategies in the spouses of substance abusers.

Materials & methods: The study will be conducted on the substance abusers and their spouses presenting to DMC&H over a period of 18 months and psychiatric evaluation will be done using Spann Fischer codependency scale and Coping Questionnaire.

Clinical Significance: The study will help us understand and address the burden on the spouses of substance abusers and would help prevent the codependency which have a bearing on the treatment and outcome of substance abusers and to study the addiction severity on substance abusers.

Keywords: Codependency, Spann Fischer, Substance abusers, Spouses, Coping Strategies.

(Signature)	(Signature)	(Signature)	(Signature)
Candidate	Co-supervisor	Supervisor	Principal
DR. GARIMA SALONIA	DR. RANJIVE MAHAJAN	DR. NAVKIRAN S. MAHAJAN	DR. SANDEEP PURI

CERTIFICATE OF FACILITIES AVAILABLE

This is to certify that the facilities for work on the subject of thesis titled **"CO-DEPENDENCY AND COPING STRATEGIES IN THE SPOUSES OF SUBSTANCE ABUSERS"** exist in the Department of Psychiatry, DMC&H, Ludhiana and will be provided to the candidate. We will see that the data being included in the thesis is genuine and is collected by the candidate herself under our supervision and guidance.

Supervisor

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Co-Supervisor(s)

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Place : LUDHIANA

Date : 24/11/18

APPROVAL PROFORMA
BY RESEARCH & ETHICAL COMMITTEE
DAYANAND MEDICAL COLLEGE & HOSPITAL, LUDHIANA

Name of candidate	DR.GARIMA SALONIA
Department	PSYCHIATRY
Topic of Thesis	CODEPENDENCY AND COPING STRATEGIES IN THE SPOUSES OF SUBSTANCE ABUSERS.
Likely date of appearing in PG examination	MAY, 2021
Date of enrollment	10th May, 2018
Name of Head of Department	DR. RANJIVE MAHAJAN
1) Supervisor	DR. NAVKIRAN S. MAHAJAN
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Signature of Members of Research Committee with Stamp	**Signature of Members of Ethics Committee with Stamp**
1. HOD Pharmacology	1. HOD Physiology
2. HOD Surgery	2. HOD Pathology
3. HOD Pathology	3. HOD Pharmacology
4. HOD Medicine	4. HOD SPM
5. Dean Academics	5. HOD Medicine
6. Vice Principal	6. HOD Surgery
	7. HOD Obst. & Gynae.
	8. Legal Expert
	9. Secretary, IEC
	10. Dean Academics
	11. Vice Principal
	12. Principal

Approved: Yes / No

Chairperson
Research Committee
Chairperson
Research Committee

Approved: Yes / No

Chairperson
Ethics Committee
Chairperson
Ethics Committee

BABA FARID UNIVERSITY OF HEALTH SCIENCES, FARIDKOT

PROFORMA FOR REGISTRATION OF SUBJECT FOR DISSERTATION

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2	NAME OF THE INSTITUTE	DAYANAND MEDICAL COLLEGE AND HOSPITAL, LUDHIANA, PUNJAB
3	COURSE OF STUDY AND SUB-JECT	MD PSYCHIATRY
4	DATE OF ADMISSION OF COURSE	10TH MAY , 2018
5	TITLE OF THE TOPIC	CODEPENDENCY AND COPING STRATEGIES IN THE SPOUSES OF SUBSTANCE ABUSERS.

6. BRIEF RESUME OF THE INTENDED WORK

6.1 NEED FOR THE STUDY

Codependency is a term used synonymously with addict for fostering their needs. Addiction affects the entire family .In an addictive family system, the disease becomes the sorting principle. The addicted person becomes the main centre around which the family members organize their behaviors and reactions. When you love someone who is into addiction it creates a penetrating emotional pain and agony that compel you to help. Their behavior starts as a well intentioned need to help, but in later stages of addictions they act out of distress. The family dynamics become skewed and the other family members increasingly over functions and the addict increasingly under functions. This builds resentfulness on both the sides raising the addict's expectations that the already over functioning family members will continue to make things right even when the addict doesn't meet his or her responsibilities. Stopping enabling isn't easy. It requires great faith and courage to weigh down the consequences and to work against their behavior.

The pressure for codependents can be intense, specifically those coming from angry addicts who generally influence the family members to get their needs met. Often addicts aren't aware of their actions when they are under the effect of substance. The family members often experience anger, fear, guilt, grief and isolation due to the presence of an substance abuser in the family.[1,2]

When loved ones develop the wisdom and the courage to stop the codependent behavior for addicts, changes start to happen. The spouses who had poor social support, less coping resources and had less impairment in em-

ployment had increased chances of developing codependence.[3] The non abusing family members often experience family dysfunction.[4]

Codependents usually sacrifice themselves to accommodate for other's needs, solve other's problems and assume more then their share of responsibility at handling chores and relationships. Learning to be decisive and setting boundaries are often the initial steps in stopping codependent behaviours.

Codependents often remove the natural consequences to the addict of his or her behavior. Codependents often feel compelled to solve other people's problems. Their behavior starts as a well intentioned desire to help but in later stages of substance abusing they act out of disheartenment. Examples of co-dependent behavior would include giving money to an addict, repairing property that they broke under the effect of the substance, lying to other people in order cover up for their addictions, fulfilling the addict's commitments to others or making excuses for them.

Having a family member with substance use problems affects family dynamics, which may lead to increased medical problems and increased health care utilization and expenses in the other family members.[5]

The spouses often find it difficult to express their feelings, forming or maintaining close relationships and find it difficult to adjust with the change. They constantly find it difficult to make decisions and may feel sense of shame and low self confidence over perceived failure's in one's life. Codependency is helping a person achieve their needs which they could not achieve by themselves i.e. they become dependent.

In addition children in the family would have a poor role model by seeing the patient's behavior.It was observed that patient's addicted to substance were more often raised by a single parent .[6]

They often feel unable to know what normal behavior is , always seek exaggerated need for the approval of others, feel confused about making decisions, may lie and exaggerate when it would be easy to tell the truth .This may finally lend them into obsession, subdued feelings, lack of trust, poor communication low self worth.

Codependency is a psychosocial condition characterized by preoccupation and extreme dependence – emotionally, socially and sometimes physically. Enabling is actually disabling. A codependent person is one who has let another person's behavior affect him or her and is obsessed with controlling that person's behavior sacrificing his /her own interest or feelings. For it's important to leave the evidences intact to see how their drug use is affecting their relations. It is vital for oneself to begin to recalm your sense of autonomy and take steps wherever required to not allow the addict's drug use to put the caregivers into perilousness.

Psychological distress and psychiatric morbidity in spouses of substance abusers are high, with marital satisfaction being low[7], [8]

The codependent behaviors seems to be trying to solve the problems so that the addict is under lesser stress thereby decreasing their motive to use. Though the intensions are good but they end up being destructive. Engaged coping is a form of coping in which the spouses of addict gets vigourously engaged with an alcoholic husband through active intervention. She tends to use

various authoriative , emotional , helping and controlling behaviors to change his addiction habit .

Coping behavior described among spouses of substance abusers include avoidance, indulgence and fearful withdrawal.[9]

Studies reveal 'disruption of family routine', 'financial burden', 'disruption of family interactions' and 'disruption of family leisure' in family dynamics of substance abusers.[10]

Many a times, in initial few years they begin with tolerant styles, in a hope to get things better but ultimately their effort goes in vain as they unknowingly hinder the pathway of recovery for the substance abuser.

6.2 REVIEW OF LITERATURE

Dependence syndrome is defined as a cluster of physiological, behavioral and cognitive phenomenon in which the use of a substance or a class of the substances takes on a much higher priority for a given individual than other behaviors that once had greater value.

A study on Problems faced and coping strategies used by the wives of alcoholic clients [11] suggested that nearly 70% wives felt anxious owing to the drinking problem,.50% wives felt frustrated and half amongst them displaced their frustration on children, 7% of the wives reported that they often ignored their own physical health while 10% of them reported sleep disturbances. The rating of tolerant coping revealed only 3% of them gave money to their alcoholic partners, only 13% of them considered the problem of alcoholism as a part of life that could not be changed and only 6% made excuses for their partner. The association of wives' substance abuse with their husbands' is mediated by social conditions such as working and child-rearing roles, age, marital happiness and socioeconomic levels.[11]

A study published on 42 alcoholic clients and their partners suggested that in majority of both clients and their partner, the partners took over chores or duties from the alcoholic client and lied or made excuses to others to cover for the addict and often feel more burdened.[12]

According to a Survey , 19.5 million people reported that they saw no need to seek help and only 2.5 million received treatment for their substance abuse problem .It was found that the enablers ignore the addict's negative or potentially dangerous behavior, blame people or situations other than the addict, act out of fear, prioritize the addict's needs before their own, find it difficult to

express their emotions, resenting the addict and lying to others to cover up the addict's behavior.

The relationship issues were important antecedents to the substance taking behavior .Partners reported frequent use of active and passive strategies for coping with their spouses substance abuse.[13]

Another study [14] revealed that codependency was negatively related to self confidence and positively related to succorance. It was found that a low self confidence was the strongest predictor of codependency.

A study to help loved ones heal from addiction [15] revealed that the codependents are at high risk for both physical and mental illnesses. Their stress may cause diseases in the family similar to those the addiction experiences.

Another study from the wives of alcoholics [16] agreed that codependency involves cretaking behavior and exists by the virtue of their association with an alcoholic, they disagreed widely as to its impact on the self, its locus as personal or social, its disesse status, its longetivity and whether or not it is distinctive to alcohol complicated marriages.

A Study on personality dimensions of the wives of alcoholics in comparison [17] to wives of non alcoholics revealed that the wives of alcoholics were less extraverted than the wives of non alcoholics. The wives of alcoholics were psychiatrically treated more often during their marriage.

A study on predictors of codependency [18] indicated that women had higher codependency scores than men. Students with history of chronic family stress (with an alcoholic, mentally ill or physically ill parent) had significantly higher codependency scores.

A study examined that personality and situational factors [19] play in three forms of coping responses i.e. problem, emotion and relationship focused. 'Coping responses were strongly associated with whether the situation involved a primarily agentic or communal stressor. Among communal stressors the involvement of close versus distant others was also associated with coping responses.

A study on psychological correlates [20] revealed codependency as a useful construct which involves a cluster of difficulties in interpersonal relationships, reality testing and introjective depression. An association was demonstrated between codependency and parenteral alcoholism or history of childhood abuse or both.

Another study argues [21] the field's understanding of the alcoholic/spouse relationship and its ability to help the spouse are limited unless other conceptualisations are seriously considered.

A study conducted on twenty four spouses of addicted men [22] showed that the women's difficulties were related to their approach to the treatment or their husband's response to the treatment, financial constraints, emotional and informational needs. In addition to the addicted person it is vitally important that the health of the family members of drug addicts be taken into account and for whom supportive services be provided.

A critical review on codependency [23] undoubtedly reveals its positive influence on family treatment and support benefiting many people within the self help arena.

A study defining the explanatory models [24] states that codependency can be placed on continuum of severity psychopathology on the level of personality

disorder, behavioural addiction or excessive feminine behavior. The etiology is multifactorial –biological, psychological and social elements.

A study published states that not all addict's wives experience codependency [25], women with a high level of neuroticism and low level of openness and agreeableness were more vulnerable to the stress of living with an addict and to codependency.

6.3 AIMS AND OBJECTIVES OF THE STUDY

- To study codependency among the spouses of substance abusers.
- To study Coping strategies in the spouses of substance abusers.

7. MATERIALS AND METHODS

7.1 Source of Data

Study will be conducted over a 18 month period on the spouses of substance abusers presenting to DMC&H Ludhiana.

7.2 METHOD OF COLLECTION OF DATA

SAMPLE COLLECTION: The study would include the spouses of total 100 patients in the age group of 18-60 years, 50 patient's of alcohol dependence and 50 patient's of opioid dependence presenting to the Department of Psychiatry in DMC&H Ludhiana

. INCLUSION CRITERIA:

- The spouses of patients with a diagnosis of substance dependence syndrome according to ICD 10 criteria AXIS I presenting to DMC&H Ludhiana
- Spouses of patients who have given the consent for the study
- Age groups between 18 years to 60 years.

EXCLUSION CRITERIA:

1. Significant Physical or other psychiatric disorders in the subject.
2. Spouses of the patients who have not given consent for the study.
3. Age below 18 years and above 60 years.

METHODOLOGY:

The study will be conducted on 100 spouses of patients of substance dependence syndrome presenting to Department of Psychiatry , DMC&H Ludhiana .Socio-demographic Performa will be filled containing basic information about the spouses and will be evaluated for various coping strategies employed by

them using Coping Questionnaire and Spann –Fischer Codependency Scale and Addiction Severity Index.

'.TOOLS: TO BE ATTACHED HEREWITH

SOCIO – DEMOGRAPHIC PROFORMA

SPANN AND FISCHER CODEPENDENCY SCALE

COPING QUESTIONNAIRE

ADDICTION SEVERITY INDEX PROFORMA

1. SOCIO-DEMOGRAPHIC PROFORMA –to be applied on the patient and the subject.
2. SPANN AND FISCHER CODEPENDENCY SCALE: It is 16 item self report instrument used to define and measure codependency. Individual items are rated on 6 point Likert Scale and then summed with two reversed items to describe co dependency on a scale from a high of 96 to low of 16. The mean score is approximated with a midpoint of 52.6 , a high score of 67.2 and a low score of 37.3.
    1. STRONGLY DISAGREE
    2. MODERATELY DISAGREE
    3. SLIGHLTY DISAGREE
    4. SLIGHTLY AGREE
    5. MODERATELY AGREE
    6. STRONGLY AGREE

3. COPING QUESTIONNAIRE: is a 30 item form including engaged CQ-E, tolerant CQ-Tand withdrawl coping subscale CQ-W. For the scoring sum up scores of each item for engaged and tolerant and for withdrwal substract items 5,22 and then add 6 (to ensure all values for CQ-W are positive.

SCORING –

0 NO

1 ONCE OR TWICE

2 SOMETIMES

3 OFTEN

4. PROFORMA FOR SEVERITY OF ADDICTION; To be applied on the patient.

OUTCOME

In this study it will be observed that the spouses of substance abusers might have poor social support system, less coping resources, extreme burden and hampered quality of life. The present study will draw attention that the burden on the spouses of substance abusers is considerate and need to be addressed to improve outcomes.

Statistical Analysis

Data will be described in terms of range; mean ±standard deviation (± SD), median, frequencies (number of cases) and relative frequencies (percentages) as appropriate. Comparison of quantitative variables between the study groups was done using ANOVA. For comparing categorical data, Chi square ($\chi 2$) test will be performed and exact test will be used when the expected frequency is less than 5. A probability value (p value) less than 0.05 will be considered statistically significant. All statistical calculations will be done using SPSS (Statistical Package for the Social Science) SPSS 21 version statistical program for Microsoft Windows.

7.3 DOES THE STUDY REQUIRE ANY INVESTIGATIONS OR INTERVENTIONS TO BE CONDUCTED ON PATIENTS OR OTHER HUMANS OR ANIMALS? IF SO, PLEASE DESCRIBE BRIEFLY.

No

7.4 HAS ETHICAL CLEARANCE BEEN OBTAINED FROM YOUR INSTITUTION IN CASE OF 7.3?

Attached herewith

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SOCIO – DEMOGRAPHIC PROFORMA FOR THE PATIENT

1.S.NO.

2.NAME

3.AGE 4.SEX

5.MRD NO.

6.EDUCATION : ILLITERATE UPTO MATRICULATION

HIGHER SECONDARY GRADUATE / POST GRADUATE

7.OCCUPATION : HOUSEHOLD SEMI SKILLED / SKILLED WORKER

FARMER SHOPOWNER /BUSINESSMAN

UNEMPLOYED OTHER

8.INCOME :

9.FAMILY TYPE : a)NUCLEAR b)EXTENDED c)JOINT d)OTHER

10.TYPE OF SUBSTANCE ABUSE :

Alcohol Heroin Methadone Opioid /Analgesics

Barbiturates Sedative/Hypnotics/Tranquilisers Cocaine

Amphetamines Cannabis Hallucinogens Inhalants

More than one substance per day

11.DURATION OF SUBSTANCE ABUSE :

- LESS THAN 1 YEAR 1 YEAR -5 YEAR
- YEAR- 10 YEARS MORE THAN 10 YEARS

12. SCORE FOR SEVERITY OF ADDICTION:

13.ADDRESS

14.CONTACT NO.

SIGNATURE OF SUPERVISOR SIGNATURE OF CANDIDATE

SOCIO – DEMOGRAPHIC PROFORMA FOR SUBJECT

1.S.NO.

2.NAME

3.AGE 4.SEX

5.MRD NO.

6.EDUCATION :

a) ILLITERATE b) UPTO MATRICULATION

c)HIGHER SECONDARY d) GRADUATE / POST GRADUATE

7.OCCUPATION :

a)HOUSEWIFE b) SEMI SKILLED / SKILLED WORKER

c)UNEMPLOYED d) OTHER

8.INCOME :

9.FAMILY TYPE : a)NUCLEAR b)EXTENDED c)JOINT d)OTHER

10.TYPE OF SUBSTANCE ABUSE OF SPOUSE

Alcohol Heroin Methadone Opioid /Analgesics

Barbiturates Sedative/Hypnotics/Tranquilisers Cocaine

Amphetamines Cannabis Hallucinogens Inhalants

More than one substance per day

11.DURATION OF SUBSTANCE ABUSE OF SPOUSE :

a)LESS THAN 1 YEAR b)1 YEAR -5 YEAR

c)YEAR- 10 YEARS d) MORE THAN 10 YEARS

12. SCORE OF CQ(COPING QUESTIONNAIRE):

13. SCORE OF SPCS(SPANN AND FISCHER CODEPENDENCY SCALE):

14.ADDRESS

15.CONTACT NO.

SIGNATURE OF SUPERVISOR SIGNATURE OF CANDIDATE

PROFORMA FOR SEVERITY OF ADDICTION

1.How many times in your life have you been hospitalized for medical problem?

a)Never b)1-5 c)>5

2.How troubled or bothered have you been by these medical problem?

a) Mild b)Moderate c)Severe

3. Is the treatment for these medical problems important for you now?

a)Yes b)No

4.Education completed?

a)Illiterate b)Matric c)Graduate d)Postgraduate

5.Does someone contribute to your support in any way?

a)Yes b)No

6.Does this support constitute the majority of your support?

a)Yes b)No

7.How troubled or bothered have you been by the employment problem?

a)Mild b)Moderate c)Severe

8.Which substance is/are a major problem ?

Alocohol Heroin Methadone Opioid /Analgesics

Barbilurates Sedative/Hypnotics/Tranquilisers Cocaine

Amphetamines Cannabis Hallucinogens Inhalants

More than one substance perday

9.How many times have you been overdosed on drugs ?

a)Never b)1-5 c)>5

10.How many times in your life have you been treated for drug problem?

a)Never b)1-5 c)>5

11.How you ever been arrested or on parole?

a)Never b)1-5 c)>5

12.Have any of your blood relatives had ever been on drugs ?

a)Yes b)No

13.How are your relations with your loved ones?

a)Good b)Not Good

14.How many times have you been treated for substance abuse?

a)Never b)1-5 c)>5

15.Do you have any psychiatric comorbidity ?

a)Yes b)No

INFORMED PATIENT CONSENT

Date: _____

I.....D/o, W/o, S/o..... .....am willing to participate in the study **"CODEPENDENCY AND COPING STRATEGIES IN THE SPOUSES OF SUBSTANCE ABUSERS"** The procedure with its complications has been explained to me in local vernacular language. I have fully understood that no special tests and extra expenditure in any form, merely for the purpose of thesis is being carried out. I am free to opt out the study any time without assigning any reason.

....

Signature of the Witness Signature of the patient

Name:

Signature of Candidate **Signature of Supervisor**

मरीज अनुमति फार्म

तिथि _____

मैं _____ पत्नी/पुत्र/पुत्री _____

निवासी _____

इस शोधकार्य "**CODEPENDENCY AND COPING STRATEGIES IN THE SPOUSES OF SUBSTANCE ABUSERS**"में भाग लेने के लिए सहमत हूँ। मैं इस शोधकार्य में भाग लेने के लिए अपनी स्वेच्छा से तैयार हूँ। मैं पुष्टि करता/करती हूँ की यह स्वीकृति देने के लिए मुझे कोई आर्थिक प्रलोभन नहीं दिया गया और न ही दबाव डाला गया है। मुझे इस शोधकार्य का उद्देश्य स्पष्ट कर दिया गया है और मुझे यह विश्वास है की यह विज्ञान और मानवता के लाभ के लिए है। मुझे इस शोधकार्य में होने वाले जोखिम के बारे में समझा दिया गया है और मेरी समझ में यह जोखिम बहुत मामुली है।

मैं इस शोधकार्य में भाग लेने के सम्बन्ध में किसी भी समय अपनी अस्वीकृति व्यक्त कर सकता/सकती हूँ और मेरे अस्वीकृति व्यक्त करने का मेरे इलाज पर कोई प्रभाव नहीं पड़ेगा।

_____ _____

गवाह के हस्ताक्षर रोगी के हस्ताक्षर/अंगूठे का निशान

नाम: नाम:

_____

अन्वेषक केहस्ताक्षर

_____

विद्यार्थी के हस्ताक्षर

ਮਰੀਜ਼ ਰਜ਼ਾਮੰਦੀ ਫਾਰਮ

ਮਿਤੀ_____

ਮੈ_____ਪਤਨੀ/ਪੁੱਤਰ/ਪੁੱਤਰੀ_____

ਵਾਸੀ

_____"CODE PENDENCY AND COPING STRATEGIES IN THE SPOUSES OF SUBSTANCE ABUSERS" ਤੇ ਚਲ ਰਹੀ ਖੋਜ ਵਿਚ ਹਿੱਸਾ ਲੈਣ ਲਈ ਰਜ਼ਾਮੰਦ ਹਾਂ। ਇਸ ਖੋਜ ਕੰਮ ਵਿਚ ਹਿੱਸਾ ਲੈਣ ਲਈ ਮੈ ਆਪਣੀ ਮਰਜ਼ੀ ਨਾਲ ਤਿਆਰ ਹਾਂ। ਮੈ ਇਹ ਦਸਣਾ ਚਾਹੁੰਦਾ ਹਾਂ/ ਚਾਹੁੰਦੀ ਹਾਂ ਕੇ ਇਹ ਰਜ਼ਾਮੰਦੀ ਦੇਣ ਵਾਸਤੇ ਮੈਨੂ ਕਿਸੇ ਵੀ ਤਰਾਂ ਦਾ ਲੋਭ-ਲਾਲੱਚ ਨਹੀ ਦਿੱਤਾ ਗਿਆ ਅਤੇ ਨਾ ਹੀ ਕੋਈ ਦਬਾ ਪਾਇਆ ਗਿਆ ਹੈ। ਮੈਨੂ ਇਸ ਖੋਜ ਦਾ ਮਨੋਰਥ ਸਮਝਾ ਦਿੱਤਾ ਗਿਆ ਹੈ ਅਤੇ ਮੈਨੂ ਇਹ ਭਰੋਸਾ ਦਵਾਇਆ ਗਿਆ ਹੈ ਕੇ ਇਹ ਖੋਜ ਵਿਗਿਆਨ ਅਤੇ ਮਾਨਵਤਾ ਦੀ ਭਲਾਈ ਲਈ ਹੈ। ਮੈਨੂ ਇਸ ਖੋਜ ਵਿਚ ਹੋਣ ਵਾਲੇ ਖਤਰੇ ਬਾਰੇ ਸਮਝਾ ਦਿੱਤਾ ਗਿਆਹੈ ਅਤੇ ਮੈਨੂ ਇਹ ਯਕੀਨ ਹੈ ਕੇ ਇਹ ਖਤਰਾ ਬਹੁਤ ਮਾਮੂਲੀ ਹੈ। ਮੈਨੂ ਇਸ ਖੋਜ ਕੰਮ ਵਿਚ ਹਿੱਸਾ ਲੈਣ ਦਾ ਢੰਗ–ਤਰੀਕਾ ਸਮਝਾ ਦਿੱਤਾ ਗਿਆ ਹੈ।

ਮੈ ਇਸ ਖੋਜ ਕੰਮ ਵਿਚ ਹਿੱਸਾ ਲੈਣ ਬਾਰੇ ਆਪਣੀ ਰਜ਼ਾਮੰਦੀ ਕਿਸੇ ਵੀ ਸਮੇ ਵਾਪਸ ਲੈ ਸਕਦਾ ਹਾਂ/ ਸਕਦੀ ਹਾਂ ਅਤੇ ਮੇਰੀ ਰਜ਼ਾਮੰਦੀ ਵਾਪਸ ਲੈਣ ਦਾ ਮੇਰੇ ਇਲਾਜ ਤੇ ਕੋਈ ਅਸਰ ਨਹੀ ਹੋਵੇਗਾ।

_____ _____

ਗਵਾਹ ਦੇ ਹਸਤਾਖਰ ਮਰੀਜ਼ ਦੇ ਹਸਤਾਖਰ

ਮਿਤੀ_____ ਮਿਤੀ_____

ਪਤਾ _____ ਪਤਾ _____

_____

ਨਿਰੀਖਕ ਦੇ ਹਸਤਾਖਰ

_____

ਸਿਖਿਆਰਥੀ ਦੇ ਹਸਤਾਖਰ

Female, alcohol version (F,Alc)
Other versions are available
referring to male relatives (M)
and to drugs (D) and
gambling (G)

COPING QUESTIONNAIRE

30-item form

Copyright: Alcohol, Drugs, Gambling and Addiction Research Group, School of Psychology, The University of Birmingham

COPING QUESTIONNAIRE

Short 30-item Form

SCORING KEY

Score each item:

NO	=	0
ONCE OR TWICE	=	1
SOMETIMES	=	2
OFTEN	=	3

FOR TOTAL (CQ-TOT) COPING, sum all 30 items

FOR ENGAGED COPING SUB-SCALE (CQ-E), sum score for items:

1, 5, 6, 7, 9, 11, 13, 16, 17, 19, 21, 25, 26, 28

FOR TOLERANT COPING SUB-SCALE (CQ-T), sum scores for items:

3, 4, 10, 14, 20, 23, 24, 27, 30

FOR WITHDRAWAL COPING SUB-SCLAE (CQ-W) sum scores for items:

2, 8, 12, 15, 18, 29 and subtract scores for items 5 and 22:

and then add 6 (to ensure all values for CQ-W are positive)

(N.B. – Item 5 contributes positively to CQ-TOT and CQ-E, but negatively to CQ-W)

Have you recently (in the last 3 months)

		Please circle one answer			
1	Refused to lend her money or to help her out financial in other ways?	NO	ONCE OR TWICE	SOMETIMES	OFTEN
2	Put the interests of other members of the family before hers?	NO	ONCE OR TWICE	SOMETIMES	OFTEN
3	Put yourself out for her, for example by getting her to bed or by clearing up mess after her after she had been drinking?	NO	ONCE OR TWICE	SOMETIMES	OFTEN
4	Given her money even when you thought it would be spent on drink?	NO	ONCE OR TWICE	SOMETIMES	OFTEN
5	Sat down together with her and talked frankly about what could be done about her drinking?	NO	ONCE OR TWICE	SOMETIMES	OFTEN
6	Started an argument with her about her drinking?	NO	ONCE OR TWICE	SOMETIMES	OFTEN
7	Pleaded with her about her consumption of alcohol?	NO	ONCE OR TWICE	SOMETIMES	OFTEN
8	When she was under the influence of drink, left her alone to look after herself or kept out of her way?	NO	ONCE OR TWICE	SOMETIMES	OFTEN
9	Made it quite clear to her that her drinking was causing you upset and that it had got to change?	NO	ONCE OR TWICE	SOMETIMES	OFTEN
10	Felt too frightened to do anything?	NO	ONCE OR TWICE	SOMETIMES	OFTEN
11	Tried to limit her drinking by making some rule about it, for example forbidding drinking in the house, or stopping her bringing drinking friends home?	NO	ONCE OR TWICE	SOMETIMES	OFTEN

Have you recently (in the last 3 months)

		Please circle one answer			
1	Refused to lend him money or to help him out financial in other ways?	NO	ONCE OR TWICE	SOMETIMES	OFTEN
2	Put the interests of other members of the family before his?	NO	ONCE OR TWICE	SOMETIMES	OFTEN
3	Put yourself out for him, for example by getting him to bed or by clearing up his mess after he had consumed substance?	NO	ONCE OR TWICE	SOMETIMES	OFTEN
4	Given him money even when you thought it would be spent on substance abused?	NO	ONCE OR TWICE	SOMETIMES	OFTEN
5	Sat down together with him and talked frankly abut what could be done about his substance abuse?	NO	ONCE OR TWICE	SOMETIMES	OFTEN
6	Started an argument with him about his substance abuse?	NO	ONCE OR TWICE	SOMETIMES	OFTEN
7	Pleaded with him about his consumption substance abuse?	NO	ONCE OR TWICE	SOMETIMES	OFTEN
8	When he was under the influence of substance, left him alone to look after himself or kept out of his way?	NO	ONCE OR TWICE	SOMETIMES	OFTEN
9	Made it quite clear to him that his substance abuse was causing you upset and that it had got to change?	NO	ONCE OR TWICE	SOMETIMES	OFTEN
10	Felt too frightened to do anything?	NO	ONCE OR TWICE	SOMETIMES	OFTEN
11	Tried to limit his substance abuse by making some rule about it, for example forbidding use in the house, or stopping him bringing friends home?	NO	ONCE OR TWICE	SOMETIMES	OFTEN

Have you recently (in the last 3 months)

		Please circle one answer			
12	Pursued your own interests or looked for new interests or occupation for yourself, or got more involved in a political, church, sports or other organisation?	NO	ONCE OR TWICE	SOMETIMES	OFTEN
13	Encouraged him to take an oath or promise not to abuse substance?	NO	ONCE OR TWICE	SOMETIMES	OFTEN
14	Felt too hopeless to do anything?	NO	ONCE OR TWICE	SOMETIMES	OFTEN
15	Avoided him as much as possible because of his substance abuse?	NO	ONCE OR TWICE	SOMETIMES	OFTEN
16	Got moody or emotional with him?	NO	ONCE OR TWICE	SOMETIMES	OFTEN
17	Watched his every move or checked up on him or kept a close eye on him?	NO	ONCE OR TWICE	SOMETIMES	OFTEN
18	Got on with your own things or acted as if he wasn't there?	NO	ONCE OR TWICE	SOMETIMES	OFTEN
19	Made it clear that you won't accept his reasons for substance abuse, or cover up for him?	NO	ONCE OR TWICE	SOMETIMES	OFTEN
20	Made threats that you didn't really mean to carry out?	NO	ONCE OR TWICE	SOMETIMES	OFTEN
21	Made clear to him your expectations of what he should do to contribute to the family?	NO	ONCE OR TWICE	SOMETIMES	OFTEN
22	Stuck up for him or stood by him when others were criticising him?	NO	ONCE OR TWICE	SOMETIMES	OFTEN
23	Got in a state where you didn't or couldn't make any decision?	NO	ONCE OR TWICE	SOMETIMES	OFTEN
24	Accepted the situation as a part of life that couldn't be changed?	NO	ONCE OR TWICE	SOMETIMES	OFTEN

Have you recently (in the last 3 months)

		Please circle one answer			
25	Accused him of not loving you, or of letting you down?	NO	ONCE OR TWICE	SOMETIMES	OFTEN
26	Sat down with him to help him sort out the financial situation?	NO	ONCE OR TWICE	SOMETIMES	OFTEN
27	When things have happened as a result of his substance abuse, made excuses for him, covered up for him, or taken the blame yourself?	NO	ONCE OR TWICE	SOMETIMES	OFTEN
28	Searched for his substance abused or hidden or disposed of it yourself?	NO	ONCE OR TWICE	SOMETIMES	OFTEN
29	Sometimes put yourself first by looking after yourself or giving yourself treats?	NO	ONCE OR TWICE	SOMETIMES	OFTEN
30	Tried to keep things looking normal, pretended all was well when it wasn't or hidden the extent of his substance abuse?	NO	ONCE OR TWICE	SOMETIMES	OFTEN

Spann-Fischer Codependency Scale

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Read the following statements and circle the number in the spaces provided that best describes you according to the following list.

1 = Strongly Disagree; 2 = Moderately Disagree; 3 = Slightly Disagree; 4 = Slightly Agree; 5 = Moderately Agree; 6 = Strongly Agree

1.	It is hard for me to make decisions	1 2 3 4 5 6
2.	It is hard for me to say "no"	1 2 3 4 5 6
3.	It is hard for me to accept compliments graciously	1 2 3 4 5 6
4.	Sometimes I almost feel bored or empty if I don't have problems to focus on	1 2 3 4 5 6
5.	I usually *do not* do things for other people that they are capable of doing for themselves	1 2 3 4 5 6
6.	When I do something nice for myself I usually feel guilty	1 2 3 4 5 6
7.	I *do not* worry very much	1 2 3 4 5 6
8.	I tell myself that things will get better when the people in my life change what they are doing	1 2 3 4 5 6
9.	I seem to have relationships where I am always there for them but they are rarely there for me	1 2 3 4 5 6
10	Sometimes I get focused on one person to the extent of neglecting other relationships and responsibilities	1 2 3 4 5 6
11.	I seem to get into relationships that are painful for me	1 2 3 4 5 6
12.	I don't usually let others see the "real" me	1 2 3 4 5 6
13.	When someone upsets me I will hold it in for a long time, but once in a while I explode	1 2 3 4 5 6
14.	I will usually go to any lengths to avoid open conflict	1 2 3 4 5 6
15.	I often have a sense of dread or impending doom	1 2 3 4 5 6
16.	I often put the needs of others ahead of my own	1 2 3 4 5 6

To Learn more about codependency, call me for a free phone consultation at (415) 215-4796 or visit my web site at www.drmelindadouglass.com.

Source: Fischer, J., Spann, L., Crawford, D. (1991). Measuring codependency. *Alcoholism Treatment Quarterly*, 8, 1, 87-100.